

Southeast 5th -6th Grade

8 day/4 week

FREE- Volleyball Skills/ mini league

When: Starting April 2nd
 Every Tuesday and Wednesday in April
Time: after school-5:15pm
Where: @ the Middle School Gym



Hello Parents,

My name is Maya White I am the head volleyball coach at Southeast High School. We are putting on our 6th annual mini clinic/ league for 5th -6th graders the month of April. We will go over volleyball skills: passing, setting, hitting, serving, etc., and scrimmage each other at the end of practice each day. We will be using age appropriate balls and net height. There is no cost. It is a 4 week- 8-day clinic/ league. The girls will practice for 2 days a week for 4 weeks. We will practice Tuesday & Wednesday starting on the week of April 2nd with the last day ending on the 24th of April. Since this will be done at the Middle School if there is inclement weather and the Middle School Track would have to use the gym we will have to cancel that day. We may add extra days if needed because of weather so we can get at least 7 days. They will be the 29th and 30th of April. We are going to try hard to get a full 8 days or close too for this clinic/league.

We will practice right after school until 5:15pm. The school will not be providing transportation so each child will need to have a ride home.

It will be fun and a great introduction to volleyball. The only equipment they will need will be tennis shoes and gym clothes. If they have knee pads great, if not I will have some.

If you have any questions, please feel free to call me at 457-8365 @ school or text me @ 913-416-9077 or email me at mwhite@usd247.com.

5th-6th Grade Volleyball Clinic Schedule

April				
Monday	Tuesday	Wednesday	Thursday	Friday
	1- VB Practice	2- VB Practice	3 - OFF	4- OFF
7- OFF	8- VB Practice	9- VB Practice	10- OFF	11- OFF
14- OFF	15- VB Practice	16- VB Practice	17- OFF	18-OFF
21- OFF	22- VB Practice	23- VB Practice	24- OFF	25-OFF
28-OFF	29- Make up day	30- Make up day		

Thanks, Maya White

Forms need to be filled out and returned to the office by Tues, April 1st.

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Emergency Medical Release Form

Return to the office by Tuesday, April 1st

Child's Name _____ **Grade** _____

Parent's Name _____

Phone _____ **Can this number receive texts y/ n**

In case of emergency I give permission for _____ to be given medical treatment.

This permission is applicable only if I, or my emergency contact, is not available.

Emergency Contact (someone other than parent to contact in case parent cannot be reached) _____ Phone _____

I understand that the coaches, at USD 247, and any of its employees are not liable for any accidents.

Parent/Guardian Signature _____ Date _____

If your child has any medical condition that the coaches should be aware of, please explain it here.

If Transportation is an issue please call or text Maya White @ 913- 416-9077 by March 26th and we will try to see if we can get you in contact with a parent that can give your child a ride.

If you are a parent that could give a ride to another child please put your name and what town you live in below.

Yes, I can help carpool.

Name _____ Town/Area _____