

# POWER VOLLEYBALL ACADEMY

*"For God does not give us a spirit of fear,  
but rather a spirit of POWER, Love & Self-discipline" II Timothy 1:7*

**Date: Saturday 11/07/2009 Time: 9:00 a.m.—12:00 p.m.**



## Attacking & Libero/Defense Clinics

Location:  
Stetson University  
Hollis Center  
DeLand



### **Attacking Guest Clinician: Laura Stegall**

Laura is the former Indiana Tech University Head Coach, 2006 Coach of the Year, former Indiana Perdue Fort Wayne University Academic All-American and Hall of Fame recipient. She holds the IPFW school records with 36 kills in a single match and 505 digs in one season.

### **Libero/Defense PVA Clinician Dinelia Concepcion**

Dinelia is the former Univ. of South Carolina Libero/Defense Specialist and named to the SEC Academic Honor Roll. Obtained a career high of 23 digs in one set and averaged 96% + in serving.

*The clinic will also be instructed by members of the PVA coaching staff (including Jenny Usher, former Outside Hitter for Stetson University)*

*The Clinic is open to Girls and Boys 10 - 18 yrs*

*Intermediate to Advanced levels*

*A short devotional will be given at the end of the clinic*

**Cost : \$25**

**Payment Options:** Check, Money Order, or Cash (at the clinics)  
Credit Card (On-line only) Visa, Master Card, or Discover, (a convenience fee is applied)

**Please register on-line @ [powervolleyballacademy.org](http://powervolleyballacademy.org)**

**Please bring or mail form below.**

*Choose either the Attacking or Defense Clinic*

P.O. Box 5803, Deltona, FL 32728, PH: 386-785-5174 Email: [powervball@gmail.com](mailto:powervball@gmail.com)





**Please bring this FORM to the Power Clinic & Register on-line**  
**Make checks payable to: Power Volleyball Academy**  
**(There will be a \$35 fee charged for any returned checks)**

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_ School \_\_\_\_\_  
E-mail \_\_\_\_\_ Birth date \_\_\_\_\_  
Parent/Guardian Print Name \_\_\_\_\_  
Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
\*Campers Conditions/Ailments \_\_\_\_\_  
\* Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Address/City/St/Zip \_\_\_\_\_ Ph: \_\_\_\_\_

**Clinic Choice: (Choose One)**

**Attacking/Hitting** \_\_\_\_\_ **Intermediate (1-2 years school or club)**  
\_\_\_\_\_ **Advanced/Elite (Varsity level and 2 or more yrs of Club ball)**

**Defense/Libero** \_\_\_\_\_ **Intermediate (1-2 years school or club)**  
\_\_\_\_\_ **Advanced/Elite (Varsity level and 2 or more yrs of Club ball)**

**November 7th 9:00 a.m.—12:00 p.m.**  
**Stetson University Hollis Center, DeLand, FL**

**Total Cost: \$25**

**Payment Options:** Check, Money Order, or Cash (at the clinics)  
Credit Card (On-line only) Visa, Master Card, or Discover, (a convenience fee is applied)

**Waiver/Consent:** I hereby understand, agree, state and release Power Volleyball Academy (PVA), Stetson University, Stetson University Hollis Center, their coaches, agents, representatives, and any volunteers, from all claims arising out of or connected with child's participation in any PVA program, camp or clinic. PVA shall not be held responsible in the event of any injury or illness as a result of my child's participation in this clinic or in any activities on the grounds or associated with Stetson University. I accept full responsibility for the above child's medical bills, if any, and all other expenses as a result of injuries or illness sustained while any of said persons are in attendance. The above student is attending this program at his or her own risk. Further, I give permission to PVA to treat Child's or arrange for medical care or treatment for Child in any situation deemed reasonably necessary by PVA. PVA shall attempt to communicate first via telephone with the above parental contacts, if the above contacts are not available, PVA may make arrangements using the above insurance I information at the expense of the parent or guardian signing this form.

\_\_\_\_\_  
**Signed by Parent or guardian**

\_\_\_\_\_  
**Date**