

Zia Training Team

Zia Volleyball is happy to continue our unique program in the west valley.

We have seen a ton of interest in a program that would help kids learn and understand the game of volleyball without the time and financial commitment of a regular Club season. To that end, the Training Team concept continues into 2010.

For specific questions, contact erichbke@msn.com



Zia Athletic
Club



Zia Training Team

A program to introduce boys and girls, ages 8-11 and 11-14 a higher level of volleyball in a safe, fun and entertaining environment.



www.clubziavball.com

Zia Training Team
20403 N. Lake Pleasant Rd.
Suite 117 Box 105
Peoria, Az. 85382

Zia Training Team

Zia Volleyball is very proud to offer this spring program again to the younger athletes of the West Valley.

The Zia Training team is for boys and girls ages 8-11 and 11-14. It is an introduction into the skills and strategies of competitive volleyball. Our intent is to make this program fun and educational as well as physically challenging for those boys and girls that are interested in pursuing volleyball as a possible sport in their future but without the cost that comes with playing club..

The Zia Training Team will conduct Friday night practices starting in late March 2 hours each in length at local Peoria school gyms. In that time, the boys and girls will learn specific skills such as footwork, passing, digging, serving, setting and attacking, basic offensive and defensive systems and rotations and will end each session with on-court play.

Our qualified Coaching staff and assistants will be conducting these practices with the help of other Coaches and Athletes from Zia. The cost of the entire 8 week program, including a Zia Training Team t-shirt, is \$175. The Teams will be broken up by age group with the 8-11 group going 6-8 p.m. and the 11-14 group going 7-9 pm.

Specific dates and locations are at www.clubziavball.com on the Training Team link.



Medical Release Approval

I verify that my child has been checked by a licensed physician and is physically able to participate on the Zia Training Team.

I hereby agree that I will not hold Zia Volleyball, it's employees or it's contracted employees responsible for any loss, damages or personal injury incurred as a result of participation.

I hereby authorize the directors of the Zia Training Team to act for my child according to their best judgment in an emergency requiring medical attention.

I agree to allow my child to be treated by a student athletic trainer or licensed physician (if necessary) and I will assume all costs related to such treatment.

I authorize the disclosure of medical information to my insurance company for the purpose of claim. I give my child permission to participate in the Zia Training Team.

Parent Signature _____
 Insurance Company _____
 Policy Number _____
 Name of Policy Holder _____
 Other Health. Accident Coverage _____
 Physician _____
 Physician Phone _____
 Current Medications _____
 Allergies _____
 Previous Injuries _____

Zia Training Team 2010 Registration

Athlete Name _____
 Address _____
 City _____ Zip _____
 Phone _____
 E-Mail _____
 T-shirt size (circle one) _____ School _____
 YS YM S M L XL _____
 2XL _____ Grade _____

Method of Payment
 Check # _____
 Visa MC AMEX Disc (circle one)
 Credit Card # _____
 Exp Date _____ 3 Digit Security Code _____
 Name on the card _____
 Signature _____

