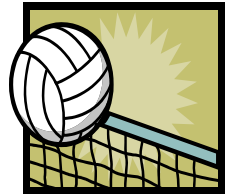


# YOUTH SUMMER SPORTS CLINIC



Kansas School for the Deaf  
450 E. Park Street  
Olathe, Kansas

June 15—18, 2009

Grades 1-3

Grades 4-7

**SUMMER SPORTS CLINIC**

This clinic is open to deaf and hard of hearing athletes entering grades 1-6 in the fall of 2009. We welcome Hearing Children of Deaf Adults (CODAs).

Monday, June 15—Thursday, June 18, 2009

One-week day clinic: 2:30—5:00 p.m.

Emery Gym

Girls: Volleyball and Basketball

Boys: Football and Basketball

**CLINIC MISSION**

It is the goal of Youth Summer Sports Clinic to develop team spirit, athletic skill, and good sportsmanship through individual instruction and supervised competition. Our clinic fosters an attitude of learning, fun and improvement. These qualities are an integral part of achieving success on the field of play, in the classroom, and in life.

**SKILLS CLINIC**

The emphasis of the individual skills clinic is to teach and develop the fundamental techniques of volleyball, football, and basketball as well as game strategies. Basic skills are stressed in drills while team play is incorporated to teach how all the fundamentals fit in the game.

**CLINIC TUITION**

Tuition rate for the four-day clinic:

1 child - \$40.00

2 children—\$70.00

3 children—\$90.00

Each participant will receive a free T-shirt if you order by May 18.

A \$25 deposit is due with the registration form (the full amount can be sent) by Monday, May 18, and the balance is due the first day of clinic. If your child attends KSD summer school, an envelope can be sent with your child. Sorry, we will not accept late registration.

The deposit is refundable up to June 5, 2009 No refund will be given after June 5 except in cases of serious injury or illness. Refund requests must be made in writing and be confirmed by the attending physician.

**ARRIVALS AND DEPARTURES**

For those whose child does not attend KSD summer school, the registration will be from 2:00—2:30 p.m. in the Emery Library on Monday, June 15. All participants are expected to be picked up at 5:00 p.m. in front of the Emery building from Monday through Thursday.

**CLINIC NECESSITIES**

T-shirts, shorts, appropriate athletic shoes, are expected to be worn. No jewelry should be brought or worn at the clinic.

**CLINIC RULES**

Early departures must furnish written parental notice to the Clinic Coordinator or coaches. Participants will be supervised by coaches or staff at all times. Failure to comply with these rules and regulations will result in immediate dismissal from camp without a refund.

For more information, contact Sally Luton, Clinic Coordinator, at either 913-791-0513(V/TTY) or SLuton@ksd.state.ks.us.

**YOUTH SUMMER SPORTS CLINIC  
REGISTRATION FORM**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent(s) / Guardian(s) Names \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Person to contact in case of an emergency:

Name	Relationship	Phone
Number		

Grade '09 – '10 \_\_\_\_\_ Age \_\_\_\_\_ Girl \_\_\_ or Boy \_\_\_

Youth Shirt Size \_\_\_ S \_\_\_ M \_\_\_ L

Adult Shirt Size \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_XL

I give permission for \_\_\_\_\_ to participate in the Youth Summer Sports Clinic.

I understand that the tuition for the sports clinic is \$40.00 per child, 2 children is \$70.00, or 3 children is \$90.00. I have enclosed my deposit check of \$25.00 payable to **KSD ENDOWMENT FUND**. The deposit is due on or before May 18, 2009. The deposit is refundable if notification is received before or on June 5. If notification is received on or after June 6, no refund will be made, except in the case of serious injury. The balance is due the first day of clinic. The check or money order can be given to the Emery Office.

I hereby release Kansas School for the Deaf, the Youth Summer Sports Clinic, and any coach, or staff thereof from any liability to our child arising from injuries sustained as a participant in the clinic.

I authorize the coaches or any supervisor to secure medical treatment as may be deemed necessary.

By my signature, I understand that any participant who does not abide by the rules and regulations promulgated by the clinic is subject to dismissal without reimbursement.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

By May 18, please send the following forms to Sally Luton, KANSAS SCHOOL FOR THE DEAF, 450 E. Park Street, Olathe, Kansas 66061:

Registration form

A check or money order of \$25.00 deposit