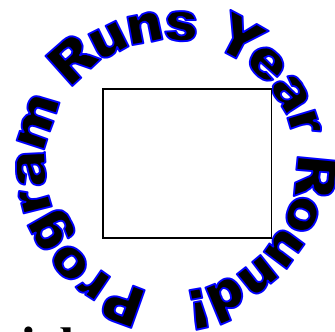


# No Walk-ins please



Pre-registration is required!

## ELITE Volleyball Program

Featuring

### Therese Boyle-Niego & Anne Eastman-Kuziela

Therese and Anne bring an extensive, high profile volleyball career as players and coaches...

#### ABOUT THERESE...

- Division 1 National Champion, All-American and Hall of Fame Recipient at University of the Pacific
- State Champion, All-State Team, Jersey Retired - Mother McAuley HS
- Played and coached in the U.S. Professional League
- Coached Loyola University to Division 1 NCAA tournament
- And her greatest accomplishment...being a mother of six children

#### ABOUT ANNE...

- Academic and All Big-Ten Player of the Year at University of Indiana
- Captain of the U.S. Olympic Festival Team
- Member of our U.S. National team at the World Games in Japan
- Played professionally in Switzerland and the U.S. Pro League
- And her greatest accomplishment...being a mother of two children

**Class Philosophy:** Improve individual techniques and confidence in "all skills"

**Investment:** \$15/session (3<sup>rd</sup>- 5<sup>th</sup> grade), or, \$20/session (advanced 6<sup>th</sup> - 12<sup>th</sup> grade)

**Family Discount:** 2 siblings/day = \$5 total discount, 3 siblings/day = \$10 total discount

**Location:** Chicago H.S. for Agricultural Sciences, 3857 W. 111<sup>th</sup> St., Chicago, 60655

For more information, please call 773-238-4859 or visit our website at [WWW.ELITEVOLLEYBALLPROGRAM.COM](http://WWW.ELITEVOLLEYBALLPROGRAM.COM)

To pre-register, please return form and payment to:

ELITE VOLLEYBALL PROGRAM

11000 S. Central Park Ave., Chicago, IL 60655

Name(s): \_\_\_\_\_ School: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

To receive our monthly mailings, please list a parent e-mail address: \_\_\_\_\_

**I would like to attend (mark your choices):**

	3-5grade	6-12grade
Session 1: SUN. MAR 2nd	___ 9am-10:30am	___ 9am-11:00am
SUN MAR 9 <sup>th</sup>	St. Patrick's Day Parade – No Class	
Session 2: SUN. MAR 16th	___ 9am-10:30am	___ 9am-11:00am
SUN MAR 23 <sup>rd</sup>	Easter – No class	
Session 3: SUN. MAR 30th	___ 9am-10:30am	___ 9am-11:00am

**To Register for our Sunday Program...**

**Option 1: Fill out & return registration form prior to the start of the month**

**Option 2: Notify us weekly by the FRIDAY before the class via e-mail or call 773-238-4859.**

**Note:** Please leave date attending, name, grade, and home phone in message. Upon leaving your detailed message, consider your child registered.

In the year of 2007, to the fullest extent permitted by law, I hereby consent and agree to assume all responsibility for any and all risks of damage or injury to my child or my property that may occur in, on, or about the facilities used in connection with this clinic and that I use such facilities, equipment and instruction at my own risk. To the fullest extent permitted by law, I hereby fully and forever release and discharge all instructors, the school & facility and the employees of the facility from any and all liability, claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, which may accrue to my child, for any damages or injury received either in or about the facilities, equipment or instruction of the clinic. I hereby acknowledge that I am the sole judge of my child's physical abilities and condition to engage in this clinic for which the release is given. In the event of an emergency, I give the clinic staff permission to act accordingly to my child's best interest.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home & Emergency Phone Numbers: \_\_\_\_\_

# EASTER CAMP- MARCH 25<sup>TH</sup> & 26<sup>TH</sup> AT PALOS