

Reeths-Puffer Winter Volleyball Clinic

Open to all
5th-12th Grade
BOYS!!!



Open to all
3rd-6th Grade
Girls!

*In Spring 2019, Reeths-Puffer High School participated in a 12-school boys volleyball league. In 2021, it grew to 19 teams. Boys volleyball is quickly growing in the state of Michigan, with 35+ teams expected to compete this Spring.

What: Boys in 5th-12th grade and Girls in 3rd – 6th grade, join us for this exciting experience! Coaches and current Reeths-Puffer Players will share their knowledge and enthusiasm for this fast-paced sport. Sound fundamentals for beginners and skill development for the intermediate player will be shared. Players should bring athletic shoes, clothes for physical exercise, and a water bottle. Registration to secure your T-shirt must be received by January 9th, 2022. Registration received after January 9th will be accepted, but NO T-shirt will be provided. NO refunds.

Where: Reeths-Puffer High School Auxiliary Gym

When: January 9th, 16th, 23rd, 30th, 2022

Girls in 3rd & 4th grade from 1:00pm – 2:20pm

Girls and Boys in 5th & 6th grade from 2:40pm – 4:00pm

Boys in 7th-12th grade from 4:10pm – 5:30pm

***All times are clinic start times. Please get there several minutes **early** to check-in and get ready!

Questions?

Contact Coach Birr
birrj@reeths-puffer.org

Mask Policy:

Face masks strongly encouraged.

How Much: \$40.00 cash/check if registering the day-of the clinic **Checks payable to: Reeths-Puffer Volleyball**
\$30.00 cash/check if received at RPHS before Friday, Jan 8th

Fill out the following information and send along with money to:

Reeths-Puffer High School, Attn: Coach Birr, 1545 N. Roberts Road, Muskegon, MI 49445

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Player(s) Name: _____ Grade(s): _____

Parent's Name: _____

Email: _____ Cell #: _____

Total Fee Enclosed: _____ Shirt Size (please circle) Youth S M L XL Adult S M L XL

I hereby declare my son/daughter to be in good physical health and permit him/her to participate in the Reeths-Puffer sports program. I assume all risk of accident and/or injury to my child while participating in this program. I authorize the clinic staff to obtain for my child whatever medical treatment the staff deems necessary. I assume all financial responsibilities for any medical expenses or other charges in connection with attendance at this camp.

Parent signature: _____ Date: _____