

# Augustana Volleyball Clinic 2026



**What is it?** A 3-week clinic that will increase your knowledge and skills of the game of volleyball. This clinic will be run by the Augustana Volleyball coaching staff and players.

**When is it?** Mondays April 13, 20, 27 from 5pm to 7pm

**Where is it?** Grades 5-6 at The Carver Center at Augustana College  
3500-5<sup>th</sup> Avenue, Rock Island 61201  
Grades 7-8 at Pepsico Recreation Center at Augustana College  
30<sup>th</sup> Street, Rock Island 61201

**Who is it for?** Any 4<sup>th</sup>-8<sup>th</sup> grade boy or girl who is interested in learning and improving the fundamentals of volleyball! Players will be split-up based upon age and skill level.

## **Why should you attend?**

To learn and improve your volleyball skills: movement, passing, setting, hitting, and serving. Plus participants will have fun with games focusing on the skills you learn from the clinic!

The clinic will accept the first 120 players to register. The cost is \$75 per player which includes an Augustana Volleyball T-shirt. Registration is due March 30, 2024 to avoid the \$5 late fee.

Please contact Coach Kelly Bethke with questions at [kellybethke@augustana.edu](mailto:kellybethke@augustana.edu)

Registration: [https://secure.getmeregistered.com/get\\_information.php?event\\_id=139346](https://secure.getmeregistered.com/get_information.php?event_id=139346)

Or by mail: Please make checks payable to: Kelly Bethke and send full payment (\$75) along with the registration form to:

Kelly Bethke  
Augustana College Volleyball  
639-38<sup>th</sup> Street  
Rock Island, IL 61201

*"These materials are neither endorsed nor sponsored by the Davenport Community School District, nor does the school district take any position with regards to the materials presented."*

## Player Information

(This must be completed in full with payment attached to guarantee registration)

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

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

School \_\_\_\_\_

Parent's Email \_\_\_\_\_

Parents' Name/s \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Please circle T-Shirt Size:

Youth L

Adult S M L XL

Parental/Guardian Release:

My child, \_\_\_\_\_, understands, as I do, that the sport of volleyball is an active sport in which ankle, knee, shoulder, elbow, wrist, hand, finger, and other injuries are common. I give him/her permission to participate in the Augustana Volleyball Clinic. I understand that, while at this clinic, my child is under the supervision of Augustana College and the employees of the clinic but they are in no way responsible for any injury that may occur while participating in camp activities. I have read this statement and agree fully to its contents.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_