



# L. D. BELL BLUE RAIDER VOLLEYBALL

## SPRING CLINIC 2022



**WHAT:** Sign your daughter up for our 6-week winter volleyball clinic held right here in our community at L. D. Bell High School! Each hour-and-a-half session will include fundamental training, skill development, controlled scrimmages, and competitions.

Directing this spring clinic will be Julie Price, the new head volleyball coach at L. D. Bell High School. Coach Price was previously the head volleyball coach at Coppell High School, where she led the Coppell Cowgirls to back-to-back 5A State Championships in 2011 and 2012 after leading the Lake Travis Cavaliers to a 4A State Championship in 2010. Coach Price is passionate about growing a love for this sport among our future Blue Raiders and giving them an opportunity to play at an early age. Assisting with the clinic will be volleyball coaches from L. D. Bell High School and HEB Junior Highs, as well as former Blue Raider volleyball players.

**WHO:** 2nd - 6th Graders

**DATES:** Session I – March 21, 28, April 4, 11, 18, and 25 (Mondays)  
OR  
Session II – March 23, 30, April 6, 13, 20, and 27 (Wednesdays)

**WHERE:** L. D. Bell High School (1601 Brown Trail)

**TIME:** 5:30 PM – 7:00 PM

**COST:** \$120.00

Payment can be made in full or in two installments (1/2 due @ time of registration and the other 1/2 due on the first day of clinic). There is a \$10 late fee if registering after March 14th. Every participant will receive an L. D. Bell volleyball t-shirt!

### REGISTRATION/PAYMENT INFO:

Mail registration and check/MO made payable to **Julie Price** to:

**Julie Price**  
2832 Naples Drive  
Hurst, Texas 76054

Register and pay online @

**[HTTPS://TINYURL.COM/2022LDBVBSRINGCLINIC](https://tinyurl.com/2022LDBVBSRINGCLINIC)**

OR



### COACH CONTACT INFO:

**Julie Price**  
Head Volleyball Coach  
L. D. Bell High School  
[julieprice@hebisd.edu](mailto:julieprice@hebisd.edu)  
817-913-5296 (cell)

### CHOOSE YOUR SESSION(S)!!

Choose the night that works best for you! Sign your child up for Session I (Mon nights) OR Session II (Wed nights). If your child attends both sessions each week, there is a \$20 discount (\$220 for both).

Session I: \_\_\_\_ Session II: \_\_\_\_ Sessions I and II: \_\_\_\_ Shirt Size: Youth: S M L XL Adult: S M L XL

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

As a parent/guardian of \_\_\_\_\_ I release, waive, discharge HEB ISD, its employees, staff, and administration from any and all liability claims resulting from loss, injuries, illness, and other damage including death which may be sustained by my child during the duration of the LDBVB Spring Clinic. To the best of my knowledge my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk while participating in the clinic. During the period of the clinic, I hereby give permission to the LDBVB staff to administer proper medical assistance to my child in the event of accident, illness or injury. I understand that I will be responsible for any and all costs of the medical treatment and coverage provided not covered by insurance.

I HAVE READ THE WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_