

Linganore

Program Features:

- Skill Instruction
(Forearm/Overhead Passing)
(Serving, Hitting, Court Positioning)
- Daily Games/Competitions/Scrimmages
- Team Building
- Award/Prize Recognition

Safety Precautions:

- Athletic Trainer On-Site
- Directors (CPR, First Aid Certification)



"CHAMPIONS aren't made in the gyms, CHAMPIONS are made from something they have deep inside them: A DESIRE, A DREAM, A VISION."

Mission Statement

The goal of this clinic is to promote the game of volleyball and help encourage young women to improve their physical and mental game.

Lancers Volleyball

Sponsored by LHS Athletics Boosters

Registration Form

First Name: _____

Last Name: _____

Street Address: _____

Current Grade: _____

(2025-26 School Year)

Health Concerns: _____

T-Shirt Size Choices:

Adult Small, Adult Medium, Adult Large, Adult XL

Parent Information

Email Address: _____

Phone Number: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Need More Information? Contact:

Andrea Poffinberger-301-471-9315

Clinic

Dates: **July 16th & 17th**

Times: 9:00am-1:00pm

Where: Gymnasiums

Current Girls Grades 4th-8th

(Including Incoming 9th Graders)

Registration Fee **(Due June 19th)**

\$70-Per Camper

(\$10 discount for additional siblings)
Registration fee covers instruction, camp prizes and a t-shirt)

All Athletes SHOULD BRING:

- Athletic Clothing, Sneakers, Knee Pads (Optional)
- Water, Bag Lunch/Snack

Clinic Staff

Director-Coach Andrea Poffinberger

Co-Director-Christina Moats

LHS Volleyball Athletes/Coaches
(Depending on Availability)

Linganore

Authorization Statement

The registered volleyball athlete and I/We, parent/guardian, do hereby state that the registered athlete is physically fit to participate in any and all activities of the Lancer Volleyball Clinic. The registered volleyball athlete and I/We understand there will always be an inherent risk and /or injury associated with participation in any athletic activity and willingly assume all inherent risks and/or injuries during any activities of the volleyball clinic. The registered volleyball athlete and I/We give permission to the Linganore Volleyball staff for emergency first aid, and/or medical treatment to the registered athlete as approved by the camp staff incase of injury and/or illness while participating in the camp. The registered volleyball athlete and I/We, parents/ guardians, do hereby, in consideration of permitting the registered athlete to willingly participate in the Lancer Volleyball Clinic, for myself, my heirs, executors and administrators, waive and release all rights and claims that I/We may have against the Lancer Volleyball Clinic, it's staff, volunteers and /or Frederick County Public Schools for any and all injuries or losses sustained arising out of injuries or losses suffered by the said athlete while participating in the Lancer Volleyball Clinic.

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This event is not sponsored or endorsed by the Board of Education of Frederick County, FCPS, the superintendent or Linganore High School. Proceeds from the clinic may be used to pay coaches. The Lancer Clinic is not a licensed daycare provider.

Please indicate your child's insurance information. All camp participants must have their own medical coverage.

Insurance Carrier

Policy Number

Athlete Signature

Parent/Guardian Signature

Clinic

