

# ABOUT...

## CHARLENE JOHNSON WHITTED

2006 NATIONAL CHAMPION

2006 BYU HALL OF FAME

2000 OLYMPIAN



2009 - Present Assistant Coach for USA  
Volleyball Youth National Team

2003 - 2009 Coach for  
USA Volleyball High Performance

2003-'07 Asst Coach for the University  
of Nebraska

2002-'03 asst Coach for the US  
Professional Volleyball League

2002 Asst Coach for the  
USA Junior National Team

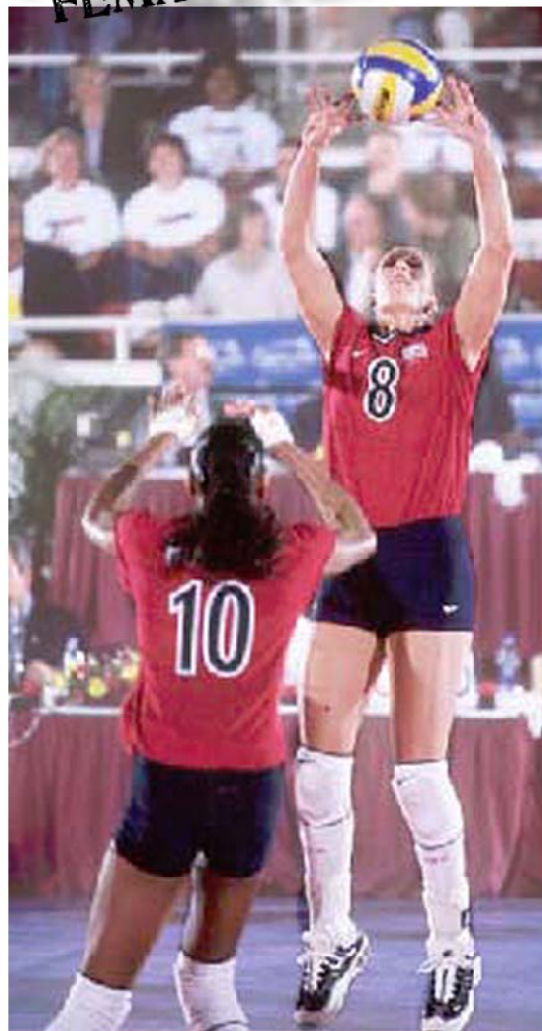
1994-'01 Member of the  
USA National Team

Competed Professionally in  
Europe and USA

2 Time All American at BYU

2 Time Junior Olympic MVP

**FOR BOTH MALE AND  
FEMALE PLAYERS!**



**BEGINNING PLAYERS  
WELCOME!**

**DURANGO  
VOLLEYBALL  
PRESENTS...**

**CHARLENE  
JOHNSON WHITTED**

**SETTING  
CLINIC**



**JUNE 27 - JUNE 29  
2011 DURANGO SUMMER  
VOLLEYBALL CLINIC**

# SETTING CLINIC REGISTRATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

School (as of August, '11) \_\_\_\_\_ Grade (as of August, '11) \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Policy # \_\_\_\_\_ Any medical condition? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

T-shirt Size (please check one) Y/Med  Y/Lg  Y/Xlg  | A/Sm  A/Med  A/Lg   
(Adidas shirts are oversized) Y O U T H S I Z E S | A D U L T S I Z E S

## Parent Permission Form

I hereby authorize the clinic staff to act for me according to their judgment in any emergency requiring medical attention and I hereby waive and release both the Clark County School District and its employees and the camp employees from any and all liability stemming from any injury, illness, or accident incurred while at the clinic. I have no knowledge of any physical impairment which would be affected by the above named camper's participation in the clinic program as outlined.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please visit: [WWW.DURANGOVOLLEYBALL.COM](http://WWW.DURANGOVOLLEYBALL.COM)

**MAIL TO:**

Tim Jackson  
Durango High School  
7100 W. Dewey Dr.  
Las Vegas, NV 89113  
702-354-9455  
rmkelly@interact.ccsd.net

Please make checks  
payable to  
Durango High School

TRAIN LIKE A *CHAMPION*.



TRAIN LIKE A *OLYMPIAN*.

**June 27 - June 29**  
**9:00 AM - 2:30 PM**

THERE WILL BE A LUNCH BREAK  
FROM 11:30 am TO 12:00 PM.

**DURANGO HIGH SCHOOL**

**Ages 10-18 \$150.00**

THE FEE IS NON-REFUNDABLE.  
FEE WILL ONLY BE REFUNDED IF THE  
CAMP IS FULL.

**SPACE IS LIMITED!**  
**SIGN UP TODAY!**

Cut here and mail today!