

# Q-Clinics

Volleyball, Basketball, Strength and Agility

## SUMMER CLINICS at Quincy High School:

**Sign up to improve your skills! All skill levels welcome.**



### **Girls' Individual Volleyball**

**Week 1: August 2nd – 5th (Mon-Thurs) or Week 2: August 16th – 19th (Mon-Thurs) 9am – 12 pm**

The individual volleyball clinic is open to players entering grades 5 - 12. The basics of passing, hitting, blocking, serving, setting & defense will be emphasized. Clinics will also include controlled scrimmages and games.



### **Boys Individual August 2nd – 5th; 9am – 12pm**

The individual volleyball clinic is open to players entering grades 8- 12. The basics of passing, hitting, blocking, serving, setting & defense will be emphasized. Clinics will also include controlled scrimmages and games.

### **Girls' Varsity Team Clinic August 16<sup>th</sup> - 19<sup>th</sup>; 5:30pm – 8:00pm**

The varsity team volleyball clinic is open to teams of 8-12 players. Drills concentrating on the position specific basics of passing, hitting, blocking, defense, serve receive etc will start out each session. Followed by team concentrated drills and scrimmages that highlight offense, defense, serve receive, etc. There will be scrimmages & competitive drills every day. In addition, we will incorporate our weight room and various plyometric, agility & strength drills with each team.



**Pricing Information:** Includes Q-Clinics T-Shirt

Individual Volleyball Clinic: \$195

Team Clinics - \$150

#### **Multi-Clinic Deals**

-2 Volleyball Individual Clinics = \$350

- **High School Varsity Players ONLY** - Any volleyball player attending an individual team clinic & team clinic = \$310

**Family Discounts** available! Please email for specific pricing. [qclinicsquincy@gmail.com](mailto:qclinicsquincy@gmail.com)

**To Sign Up: all paperwork must be completed and on record prior to participation!**

**Space is Limited**

Use link in email to send information in through google form, and mail payment to

Q-Clinics, 117A Vassall St, Quincy Ma, 02170

Information needed to complete sign up process includes the following: Contact, Medical, and Waiver information, Recent Physical (less than 18 months old) Certificate of Immunization

\*Hard Copies can be brought to the first day of camp\*

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. You may request copies of background check, health care and discipline policies as well as procedures for filing grievances. Please contact directors with questions.

This information can be entered online, only use the following pages if you are submitting hard copies

Player's Name: \_\_\_\_\_ Grade entering in September \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian Name / Phone: \_\_\_\_\_

Emergency Contact Name / Phone: \_\_\_\_\_

Other adults authorized for pick up: \_\_\_\_\_

*Clinic(s) Attending (please circle):*

**Girls Individual Day Camp (Aug 2-5)**

**Boys Individual Day Camp (Aug 2-5)**

**Girls' Individual Day Camp (Aug 16-19)**

**Team Clinic (Aug 16-19) Team: \_\_\_\_\_**

Highest Level Played (please circle): Beginner Middle School Freshman JV Varsity

T-Shirt Size (adult sizes): XS S M L XL **Questions? [Qclinicsquincy@gmail.com](mailto:Qclinicsquincy@gmail.com)**



**Directors' Information**

**Sarah Conlon:** Head Coach QHS Varsity Basketball 2020-present  
Head Coach Ursuline Academy Varsity Basketball – 2017-2020  
Assistant Varsity Basketball Coach, QHS 2005 – 2016  
Tufts University 1999-2003  
MAT Boston University 2004  
Quincy High Mathematics Teacher 2004 – Present  
20+ years coaching experience with camps & AAU  
Cofounder QHS F.A.S.T. (Female Athletic Strength Training)  
CPR Certified, First Aid Certified

**Jacqui Niosi:** Head Coach QHS Varsity Girls' & Boys' Volleyball 2006 – Present (Record 250-80)  
Boston Globe Division 1 "Coach of the Year," 2009  
14 Consecutive State Tournament Appearances, 1 State Semi Final, 5 Sectional Finals,  
14 MIAA Gold Medal Academic Team Awards, 7 Patriot League Titles, 2020 Patriot  
Cup Undefeated Champions  
Practice Director Mass Patriots Volleyball Club  
Emmanuel College 2001 – 2005  
20 + years coaching experience with camps & club  
Cofounder QHS F.A.S.T. (Female Athletic Strength Training)  
IMPACT Certified Safe Sport Certified  
CPR Certified First Aid Certified  
PAVO Certified Official

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**Medical Information:**

Camper’s Physician: \_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_

Allergies: \_\_\_\_\_

EpiPen or similar Device? Yes No

Inhaler? Yes No

If the camper will need to take medication during camp hours, please list below. We will send you additional paperwork for the specific administration of these medications.

\_\_\_\_\_  
\_\_\_\_\_

By initialing the box to the right and signing below, I understand and acknowledge 1) That the camper will need to have a recent physical (18 months or less) as well as a Certificate of Immunization on record with the camp prior to participating in camp activities. 2) All campers are expected to abide by all Q-Clinics policies (including any COVID policies put in place), or maybe excluded from camp. 3) The camper listed is fit for camp activities.4) Pictures/Videos of attending campers maybe used in future camp promotional media. 5) Emergency transportation will be provided in the event that emergency medical care is required. Generally speaking, an ambulance service is used to transport individuals to a medical care facility. Ambulance payment is the responsibility of the camper and their guardians. At the discretion of the executive health care supervisors, if an ambulance is not readily available, an individual may be transported in a personal vehicle. 6) As lawful consideration for my minor child being permitted to participate in the Q Clinics sports camp, I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute QClinics or their sponsors, building contractors, suppliers, and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child’s participation in these sporting activities. I am aware that this is a release of liability for myself and my child and a contract between myself, my child, and QClinics their agents, and employees.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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