

Wolverine Volleyball

WOLVERINE VOLLEYBALL CAMP 2019

OPPORTUNITY

These camps are designed to not only give each athlete an opportunity to refresh their volleyball skills and learn new skills and strategies, but to also see their future high school, meet the coaching staff and potential future teammates. We will go over the basic fundamentals of volleyball and also introduce offensive, defensive, and serve receive systems.

Please bring:

- Court shoes
- Knee pads and workout clothes
- Water bottle
- Good attitude
- Willingness to learn

MAIL TO:

Send registration form and payment to:

Meredith Thompson
4607 FM 2351
Friendswood, TX 77546
(camp will be in Clear Brook HS gym)

Checks payable to **Meredith Thompson**

For additional information, contact:

Coach Thompson at: mthomps1@ccisd.net

DATES

- Session 1:** 7/29-7/31
8am-9:30am
3rd-5th grade
- Session 2:** 7/29-7/31
8am-10:30am
6th-7th grade
- Session 3:** 7/29-7/31
10:45am-1:45pm
All incoming 8th and 9th graders

CAMP TIMES

Camp fee

Early registration:

- Session I: \$80.00
Session II: \$90.00
Session III: \$100.00

Walk-up registration fee:

- Session I: \$100
Session II: \$110
Session III: \$120

Free and reduced lunch 25% off. List Student ID for verification

CAMP COST

Camper Name: _____ Age: _____

Parent's Name: _____

Address: _____ City: _____

Contact #: _____ Alternate # _____

Parent/Guardian email address _____

Grade entering 2019: _____ School attended in 2018: _____

Years volleyball experience: _____ Club team: _____

Session Attending: I II III

Camp T-shirt Size: Youth S YM YL

Adult S AM AL AXL

I hereby authorize the directors of the Wolverine Volleyball camp to act for me in accordance with their judgment in any emergency requiring medical attention. I further waive and release Wolverine volleyball camp from liability for any damages from injuries and/or illness sustained during camp. I know of no mental or physical conditions that might affect my child's ability to safely participate in the camp. I have notified the camp instructors of any physical ailments my child has experienced of which they should be aware.

Parent/Guardian Signature

Date _____