

VOLLEYBALL CAMP



"ALL IN" CAMP FOR CHAMPS MORE SKILLS = MORE FUN



INSTRUCTOR:

Mitzi Bell, Head Volleyball, Sweetwater
I have coached all levels of volleyball.
My goal is to provide girls the opportunity to better their skills and knowledge of the game in a fun, yet challenging environment and atmosphere. And to build their confidence in the sport they love and to instill in them the desire to work hard towards success in the upcoming season.

DATES:

July 29th-31st

TIMES AND LOCATION:

**ENTIRE CAMP @ SWEETWATER HS GYM
Incoming 7th-9th Grade 9am-12**

CAMP PURPOSE:

The primary purpose of this camp is to provide all girls an opportunity to learn and improve their fundamental to advanced skills, to learn and understand positions, offensive/defensive transitions and get a jump start on the season.

CAMP REGULATIONS:

All campers must stay in the gym until picked up. Please provide your own knee pads, shoes and water.

REGISTRATION FOR "CAMP for CHAMPS" July 29th-31st
PLEASE DETACH AND TURN INTO: Sweetwater Athletic Office or day of camp

Payment in Cash or check to Sweetwater Volleyball

Incoming 7th-9th Graders: **\$60** **Fee For Volleyball Camp** **PAID** ☐

Registration forms can be turned into Athletic Office By July 15th Mon-Thurs in order to get shirts!

If you are unable to pre-register, you can register on the first day of camp, however, you may NOT receive a shirt. We will wear the shirt during the season as a travel/game day shirt probably.

CAMPERS NAME: _____ **WILL BE IN GRADE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

TELEPHONE # _____ **CELL PHONE #** _____

EMAIL ADDRESS: _____

CIRCLE T-SHIRT SIZE: YOUTH: L XL ADULT S M L XL

As a guardian, I understand that neither Sweetwater High School nor anyone associated with the camp will assume any responsibility for accidents and medical or dental expenditures as a result of participation in this camp. My daughter is in good health and in the event of an injury or illness. I authorize the camp staff to act for me according to their best judgment in providing medical care.

Parent Signature _____

