

INSTRUCTOR:	Arnett McClure, Head Volleyball, Jim Ned He has coached all levels of volleyball. His 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 22 nd -24 th
TIMES AND LOCATION:	ENTIRE CAMP @ SWEETWATER HS GYM Incoming 9 th – 12 th Grade 9am-12
CAMP PURPOSE: CAMP REGULATIONS:	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. Be prepared to work hard and learn a great deal! Please provide your own knee pads, shoes and water.
REGISTRATION FOR "CAMP for CHAMPS" July 22 nd -24 th	
PLEASE DETACH AND TURN INTO: Sweetwater Athletic Office or day of camp	
Payment in Cash or check to SweetwaterVolleyball	
Incoming9th -12th Graders:\$75Fee For Volleyball CampPAIDRegistration forms can be turned into Athletic Office By July 15thMon-Thurs in order to get	
shirts!	o Atmetic Office by July 15 Won-Thurs in order to get
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.	
CAMPERS NAME:	WILL BE IN GRADE:
ADDRESS:	CITY:ZIP:
	CELL PHONE #
EMAIL ADDRESS:	
CIRCLE T-SHIRT SIZE: <u>ADULT</u> S M L XL	
As a guardian, I understand that neither Sweertwater High School nor anyone associated with the camp will assume	

As a guardian, I understand that neither Sweertwater 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_____