

July 26th – July 28th

9:00 am – 12:00 pm
Incoming 4th - Incoming 8th grade

Shadow Creek High School,
11850 W Broadway Street
Pearland, TX 77584

\$45.00 (includes a t-shirt)

Alvin ISD (current, full time employees) – ½ price
Additional siblings – ½ price

Online payment available at www.myschoolbucks.com
Registration form must still be mailed or emailed.

For more information contact: Volleyball Coach: Whitney Daniel at
wdaniel@alvinisd.net



2021 Shadow Creek High School Volleyball Camp

CAMP HIGHLIGHTS....

- Individual Skills
- Transition
- Serve Receive
- Rotations
- Defense
- Communication
- Team Building
- Having Fun!

Camp Director:

Whitney Daniel

Shadow Creek Varsity Volleyball Coach

2016- Current

*Other Shadow Creek Volleyball Staff
Members*

Volleyball Camp Registration

Name: _____ Grade (Fall 2021): _____ Age: _____ School attending (Fall 2021): _____ Shirt Size: _____

Sibling #1: _____ Grade (Fall 2021): _____ Age: _____ School attending (Fall 2021): _____ Shirt Size: _____

Sibling #2: _____ Grade (Fall 2021): _____ Age: _____ School attending (Fall 2021): _____ Shirt Size: _____

Address: _____

T-shirt sizes available... (youth, adult)
YS, YM, YL, AS, AM, AL, AXL

Parent/Guardian Name: _____ Phone: _____

Checks payable to: **Alvin ISD Athletics**
Online payments available at www.myschoolbucks.com
(Cash Payments will be accepted at the door)
You may email registration form to: wdaniel@alvinisd.net

Mail registration form to:
Shadow Creek High School
ATTN: Whitney Daniel – Volleyball Camp
11850 Broadway St, Pearland, Texas 77584

I authorize the camp personnel to act for me in case of any medical emergency. I understand I am responsible for all medical fees associated with any injury that may occur. My child is physically fit to participate in any vigorous activity that might take place at Alvin ISD Sports Camps. By my signature below, I hereby release and forever discharge, and waive, any and all claims against Alvin ISD, its employees, sponsors, trustees, workers, and volunteers that relate to my election regarding and/or my child's participation in the Alvin ISD Sports Camps.

Parent/Guardian Signature _____

Health Insurance Co & # _____