

July 24<sup>th</sup> – July 26<sup>th</sup>

1:30pm – 4:30 pm  
Incoming 4<sup>th</sup> - Incoming 9<sup>th</sup> grade

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

\$50.00 (includes a t-shirt)

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

**Online payment available at [www.myschoolbucks.com](http://www.myschoolbucks.com)**  
Registration form must still be emailed.

For more information contact: Volleyball Coach: Whitney Daniel at  
[wdaniel@alvinisd.net](mailto:wdaniel@alvinisd.net)



## 2023 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 2023): \_\_\_\_\_ Age: \_\_\_\_\_ School attending (Fall 2023): \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Sibling #1: \_\_\_\_\_ Grade (Fall 2023): \_\_\_\_\_ Age: \_\_\_\_\_ School attending (Fall 2023): \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Sibling #2: \_\_\_\_\_ Grade (Fall 2023): \_\_\_\_\_ Age: \_\_\_\_\_ School attending (Fall 2023): \_\_\_\_\_ 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](http://www.myschoolbucks.com)  
\*(Cash Payments will be accepted at the door)\*  
You may email registration form to: [wdaniel@alvinisd.net](mailto:wdaniel@alvinisd.net)

**Please do not mail in payments! Payment should be made through myschoolbucks or cash/check at the door. With either option, this registration form needs to be emailed to me or I can not guarantee a shirt.**

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 & # \_\_\_\_\_