



# Shadow Creek 2024 Volleyball Camp

**Insurance Release Form**

Applications will not be accepted without completion of this portion of the application

I, the undersigned, as the parent or legal guardian of the minor child, \_\_\_\_\_ hereby acknowledge that the above named child is covered by medical insurance as follows:

Insurer: \_\_\_\_\_

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

I, as parent or guardian, hereby give permission for my child to participate in the volleyball camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities.

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

## Shadow Creek 2024 Volleyball Camp

July 29- July 31, 2024

1:30 PM—4:30 PM

**SKILLS CAMP** for students entering grades 4th -incoming 9th graders

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

Make payment on:  
[www.myschoolbucks.com](http://www.myschoolbucks.com)

Email registration to  
Whitney Daniel  
[wdaniel@alvinisd.net](mailto:wdaniel@alvinisd.net)



Camp Director:  
Whitney Daniel  
[wdaniel@alvinisd.net](mailto:wdaniel@alvinisd.net)

This athletic camp follows guidelines set forth by Alvin ISD and the UIL.

# 2024 Shadow Creek HS Volleyball Camp

**Dates:** July 29—July 31, 2024

**Grades:** 4th—incoming 9th graders

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

**Time:** 1:30—4:30 PM (4th-incoming 9th graders)

**Cost:** \$50.00

**Pay Via:** [www.myschoolbucks.com](http://www.myschoolbucks.com)

**Return the completed application to:**

Whitney Daniel  
wdaniel@alvinisd.net

Late registration and walkups will be on Monday,  
July 29th from 12:45pm - 1:20pm. To ensure proper t-shirt  
size make sure you have your form mailed by July 15th.

## Camp Staff and Instruction Info

### Camp Director:

*Whitney Daniel*

### Shadow Creek Volleyball Coach

Coach Daniel is a graduate of Atascocita HS where she was a varsity starter in volleyball. In high school, she helped her team make it to playoffs each year and received All District honors. She played collegiate volleyball for Pace University in Pleasantville, NY where she made an appearance in the NCAA tournament three years in a row.

Coach Daniel will begin her ninth season at Shadow Creek High School for the 2024 volleyball season. She led the sharks to playoffs each year being Bi-District Champions and Area Finalists 2016-2019. Her 2019 team made history being Regional Quarterfinalists. When moving up to 6A in 2020 she has continued to make playoffs 2020-2023 being Bi-District Finalists. In 2016 she earned the AVCA Top 30 coaches under 30 in the country and 2023 was named 23-6A Coach of the Year. She also is currently serving as a board member of the Greater Houston Volleyball Coaches Association. Prior to Shadow Creek, she spent 2 years at Pearland High School where she helped lead PHS to the playoffs both years.

### Other Shadow Creek Volleyball Staff Members

### Camp Instruction will focus on the following:

Individual Skills  
Transition  
Serve Receive  
Rotation  
Defense  
Communication  
Team Building  
Having Fun

## 2024 Shadow Creek Volleyball Camp Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Grade in 2024 - 2025: \_\_\_\_\_

School for 2024-2025: \_\_\_\_\_

### Camp Fee:

\$50.00 (4th-incoming 9th graders)

### T-shirt Information (select one)

- Youth Small  
 Youth Medium  
 Youth Large  
 Adult Small  
 Adult Medium  
 Adult Large  
 Adult X-Large

### Method of Payment

- Check No: \_\_\_\_\_  
 Cash

Parent/Emergency Contact Name:

\_\_\_\_\_

Daytime/Cell Phone Number:

\_\_\_\_\_

*\*Please complete the insurance form\**