

Serving Up . . .The Very Best! Elementary Volleyball Camp Hosted by OCMS



February 16 - 19, 2009

Annunciation Center at the K-3 Campus

Camp Staff:

- ♣ *OCHS Coaches: Melody Clark & Eric Hagan*
- ♣ *OCMS & OCHS Players*

Camp Features:

- ♣ *Aces Volleyball Camp T-Shirt*
- ♣ *Individual skills evaluation*
- ♣ *Scrimmages*

Eligibility:

- ♣ *The camp is open to boys and girls enrolled in Kindergarten through 6th grades.*

What to bring:

- ♣ *Campers should wear comfortable clothes and bring knee pads and court shoes if they have them.*

Skills:

Fundamentals will be taught in the following areas:

- ♣ *Serving*
- ♣ *Passing*
- ♣ *Setting*
- ♣ *Attitude and Sportsmanship*

Arrival & Departure:

- ♣ *Campers should arrive 10-15 prior to starting time.*
- ♣ *Please make appropriate arrangements for prompt pickup.*

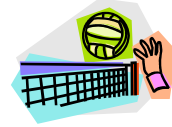
Sessions for those entering

- ♣ *All sessions are Monday, February 16 through Thursday, February 19*
- ♣ *All sessions are at the Annunciation Center at the K-3 Campus*
- ♣ *K through 2nd grade Cost \$25 per camper*
- ♣ *3rd through 6th grade Cost \$30 per camper*

Times will be based on the number of attendees



**Owensboro Catholic Elementary
Volleyball Camp
Hosted by OCMS
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Please Print

Name _____

Age _____ Grade Enrolled _____

Address _____

Parent/Guardian _____

Phone: Home: _____ Cell: _____ Work: _____



T-Shirt Size Youth: S M L Adult: S M L XL (circle one)

In case of emergency:

Name: _____ Phone: _____

* Parental Consent Form must be completed and signed.*



PARENTAL CONSENT FORM

I/We, the parent/parents of the named child, who is participating in the Owensboro Catholic High Volleyball Camp, hereby give my approval for his participation in any and all of the activities of this volleyball camp. I/We the parents assume all risks and hazards incidental to the conduct of the activities and transportation to and from volleyball camp. I/We also accept full responsibility in case of accident or injury to my child.

In case of injury to my child, I/we waive all claims against the organizer or supervisor appointed by the organizer. I/We likewise waive, to extent not covered by liability insurance, any claims against persons working in this camp.

I/We hereby authorize any medical treatment that may be advised or recommended by the attending physician:

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____



Please send in your registration to the school office or bring it to the first day of camp.