

Summer Volleyball Camp



Beginners Camp:

- Little to no experience
- Want to make middle school team, club team, or recreational team
- Focus is on learning the game and having fun

Advanced Camp:

- A good amount of playing experience and knowledge of basic skills
- Want to make middle/high school team or advanced club team
- Focus is on increasing all skill areas and improving overall playing ability

Both Camps:

- 12 hours of basic skill instruction and practice plus 2 hours of game simulated practice
- T-shirt

Conditioning:

- Aerobic/strength workout designed to increase overall volleyball cardiovascular shape and endurance

Beginners Camp \$90

July 30 - August 2

8:00 - 11:30 a.m.

Advanced Camp \$115

July 30 - August 2

12:30 - 4:00 p.m.

Conditioning \$20

July 30 - August 2

11:40 - 12:20 p.m.

Coach MaryBeth Patrick: Head Volleyball Coach, Cobb Middle School

Camp Location

Cobb Middle School Gym
915 Hillcrest St.
Tallahassee, FL 32308

REGISTRATION

- Fill out and return player information sheet with a deposit of \$60 by April 27, 2012 to Cobb Middle School*
- Make a final payment by May 18, 2012*
- Money Order/Check payable to MaryBeth Patrick

**SPACE
IS LIMITED**

*if you must cancel deposit/full payment is non-refundable

Player Information Sheet

Player Name _____ Age _____ Grade _____

Street Address _____ Zip Code _____ T-Shirt Size _____

Parent Name _____

Phone Number _____ (H) _____ (W) _____ (C)

Parent Email Address _____

Please list any allergies or conditions/restrictions pertinent to camp participation.

Camp Sessions

Please check the box(es) below for the camp session(s) your child would like to sign up for.

Beginners Camp \$90 July 30 - August 2 8:00 - 11:30 a.m. <input type="checkbox"/> check for this camp
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Conditioning \$20 July 30 - August 2 11:40 - 12:20 p.m. <input type="checkbox"/> check for this camp

Advanced Camp \$115 July 30 - August 2 12:30 - 4:00 p.m. <input type="checkbox"/> check for this camp
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Emergency Contact Information

Emergency Contact Name _____

Phone Number _____ (H) _____ (W) _____ (C)

Relationship to Player _____

Parent Consent

By signing and returning the registration form you agree to allow your child to participate in the Summer Volleyball Camp. Further, you acknowledge that your child is to manage themselves appropriately during camp sessions. Instructors reserve the right to dismiss any campers with no refund of registration fees for violation of the Leon County Student Code of Conduct.

Parent Signature _____ date _____