

BISHOP NEUMANN

VOLLEYBALL CAMP

Bishop Neumann's individual volleyball camp is designed to help each player learn and perfect the basic fundamentals of the sport of volleyball focusing on passing, setting, serving and hitting. In addition, there will also be emphasis on teamwork and game-like situations as well as understanding the basic concepts of running a fast-paced offense. In order to become a strong volleyball player, one must master the technique of the various components of the game. This camp will give each participant a head start in doing just that!

Along with building solid volleyball skills, there will be prizes, treats and camp t-shirts.

WHO: Open to all high school girls currently in grades 9-11

WHERE: Bishop Neumann High School

WHEN: July 10th-13th from 8 am – 11am

**The elementary and jr high camp will be the same week as the high school camp, from noon-5pm. Please consider staying to coach for service hours!!

COST: \$45 per individual

Forms and payment must be submitted by May 5th. Completed forms can be emailed (brandi-sladky@cdolinc.net) or turned in to Coach Sladky at Bishop Neumann. Payment can be made by check (made to Brandi Sladky), cash, or via venmo (@Brandi-Sladky).

Please keep the top portion of this form to refer back to times, dates, etc.

2023 Individual Volleyball Camp Registration Form

Name: _____ Age: _____ Current Grade: _____

Parent/Guardian Name (s) : _____

Primary Phone Number: _____ Secondary: _____

Primary Email: _____

T-shirt size (A = Adult): AS AM AL AXL

Parental Consent & Medical Treatment Authorization

The above named minor has permission to participate in the Neumann Individual Volleyball Camp. We (or I) authorize the coaching staff to act on our (my) behalf in any emergency and hereby waive and release the coaching staff and Bishop Neumann High School from any liability for any and all injuries that may be sustained during the camp. If medical attention is required for any injury incurred while participating in the camp, we (or I) give permission for such medical treatment and care.

Parent/Guardian Signature: _____ Date: _____