

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 students currently in 1st-7th grade

**Athletes should wear indoor tennis shoes (or clean the bottoms) and have hair pulled back into a ponytail.

**Please bring a water bottle.

WHERE: Bishop Neumann High School

WHEN: July 10th – 13th

Current 1st-3rd grade: 12pm-2pm

Current 4th-7th grade: 2pm-5pm

COST: \$45 per player

Forms and payment must be submitted by May 5th. Completed forms can be emailed (brandi-sladky@cdolinc.net), or turned in to Coach Sladky or the office at Neumann/St. Wenc/St. John's in an envelope label "Volleyball Camp Form c/o Brandi Sladky". 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): YS YM YL 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: _____

