

BISHOP NEUMANN

SUMMER HIGH SCHOOL 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 girls entering 10th-12th grade in 2024-25

WHERE: Bishop Neumann High School Gym

WHEN: July 8th-11th from 1:00-5:00pm

**The elementary and jr high camp will be held July 9th-11th from 8am-12pm, followed by lunch with teammates/coaches. Please consider helping with the youth camp for service hours!!

COST: \$45 per athlete

Forms and payment must be submitted by Friday, May 3rd. 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.

2024 Individual Volleyball Camp Registration Form

Athlete Name: _____ 2024-25 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: _____