

# BISHOP NEUMANN

## SUMMER 9<sup>th</sup> GRADE VOLLEYBALL CAMPS

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 9th grade in the 2024-25 school year**

**WHERE: Bishop Neumann High School Gym**

**WHEN: May 28<sup>th</sup>-29<sup>th</sup> from 5:00-8:00pm (freshmen only camp)**

**July 8<sup>th</sup>-11<sup>th</sup> from 1:00-5:00pm (high school camp)**

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

**COST: \$45 per athlete (this covers the cost of both the freshman camp and the high school camp)**

Forms and payment must be submitted by Friday, May 3<sup>rd</sup>. Completed forms can be emailed ([brandi-sladky@cdolinc.net](mailto: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.**

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### 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: \_\_\_\_\_

