

# BISHOP NEUMANN

## SUMMER YOUTH 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, each participant will be given a camp t-shirt. Participation certificates will be given and other prizes will be awarded.

**WHO: Open to girls entering 2<sup>nd</sup> – 8<sup>th</sup> grade in the 2024-25 school year**

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

\*\*Athletes should bring a personal water bottle with a lid.

**WHERE: Bishop Neumann High School Gym (please enter through SE cafeteria doors)**

**WHEN: July 9<sup>th</sup>-11<sup>th</sup>**

**2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Grade: 8:00-10:00am**

**5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Grade: 10:00am-12:00pm**

**COST: \$45 per athlete (Camp fee must be turned in with application)**

Forms and payment must be submitted by Friday, May 3rd. Completed forms can be emailed ([brandi-sladky@cdolinc.net](mailto:brandi-sladky@cdolinc.net)), or turned in to Coach Sladky or the office at Neumann/St. Wenc/St. John's in an envelope label "BN Summer VB 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.**

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2024 Bishop Neumann Summer Volleyball Camp Registration Form

Athlete Name: \_\_\_\_\_ 2024-25 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: \_\_\_\_\_