

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 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!

WHO: Open to girls entering 2nd – 8th grade in the 2025-2026 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 spill proof water bottle**

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

WHEN: July 7th, 8th, 9th, 10th

Incoming 2nd, 3rd, 4th Grades: 1:00-2:30 p.m.

Incoming 5th, 6th, 7th, 8th Grades: 3:00-5:00 p.m.

COST: \$50 per athlete (Camp fee must be turned in with application)

Forms and payment must be submitted by Friday, May 9th. (forms and payment received after this date will not be guaranteed a t-shirt.) Completed forms can be turned in to Coach Kumpula at St. Wenceslaus or the Bishop Neumann office (in an envelope with the label BN Summer VB Camp Form c/o Megan Kumpula) Payment can be made by cash or check (made to Megan Kumpula).

Any questions please contact Coach Kumpula at Megan-Kumpula@cdolinc.net or Coach Moser at drmichellemacnair@gmail.com.

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

2025 Bishop Neumann Summer Volleyball Camp Registration Form

Athlete Name: _____ 2025-2026 Grade: _____

Parent/Guardian Name(s) : _____

Phone Number: _____ Emergency # (if different from parent #): _____

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: _____