



## **2017-2018 Lady Bobcat Summer Volleyball Camp**

**Dates:** July 24th-27th 2017

**Session 1:** (1st- 5th Graders) 8:30-10:00

**Session 2:** (6th- 9th Graders) 11:00-1:00pm

**Where:** Orangefield High School Main Gym

**Cost:** \$50 per child (Includes camp t-shirt)

Registration begins at 8:00 am in the main gym.

This camp is designed to adhere to all levels of skill development. Athletes shall be grouped according to age level, and all groups shall be presented with a wide array of drills to challenge them at all of the basic skills in volleyball.

- 1) Fundamental skill work (passing, setting, spiking, serving, etc.)
- 2) Individualized instruction
- 3) Games and scrimmages primarily focused on the last two days

**Be sure to wear comfortable athletic attire and court shoes. Kneepads are recommended. If you have any questions please email :  
[tgay@orangefieldisd.net](mailto:tgay@orangefieldisd.net)**

Name \_\_\_\_\_

Middle School Attended \_\_\_\_\_ Age \_\_\_\_\_

Grade(17'-18' school year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone number(home) \_\_\_\_\_ (work) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**T-shirt size: (circle one) youth sizes: S M L adult sizes: S M L XL**

Please make checks payable to **Orangefield Athletics**

**WAIVER OF LIABILITY**

I, as a parent or guardian, hereby give permission for my child \_\_\_\_\_ (name) to participate in the camp scheduled to be held July 24-27 at Orangefield High School. I acknowledge that he or she is physically able to participate in all camp activities. I hereby release and forever discharge Orangefield High School, Orangefield Independent School District, its employees, agents and contractors in both their public and private capacities from any and all liability, claims, suits, damages or cause(s) of action what so ever for any property damage or personal injury sustained by my child that may arise in connection with the camp activity. I also give my permission for any emergency medical care that may be required as a result of any injury.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date