



Girls' Volleyball

Summer Camp

For Athletes in
Grades 4 - 9

(as of Fall 2011)

June 13, 14,
15, 16
2011



Monday - Thursday

9:00 a.m. - 12:00 p.m. @ Gym 1
grades 4th-6th (as of fall)

&

1:00 P.M. - 4:00 P.M. @ Gym 1
Grades 7th - 9th (as of fall)

Only \$20.00

KISD Athletic Department
Athletic Director: Robert Wilcox
Head Coach: Mark Belford

Volleyball Camp Insurance Waiver Form

I give consent for my athlete to participate in the H.M. King High School Summer Volleyball Camp. I release Kingsville ISD, any administration, or employees from ANY liability resulting from injury suffered by my child. My signature acknowledges that I understand private insurance will cover any charges incurred for medical treatment.

Please Bring this form & payment to H.M. King High School Athletic Department.

Phone: 361-592-6401

Date _____

Student's Name (print) _____

Parent/Guardian Signature _____

Who can participate?

The camp is for any female athlete who will be enrolled in grades 6-9 during the 2011-2012 school year.

When does the camp take place?

The camp will be held for three days: June 13-16th

9:00 a.m. - 12:00 p.m. @ Gym 1
grades 4th-6th (as of fall)

&

1:00 P.M. - 4:00 P.M. @ Gym 1
Grades 7th - 9th (as of fall)

What is the cost of the camp?

The cost for participating in the camp is **\$20**.

Please make checks payable to:

H.M. King High School

Attn.: Athletic Department

Who are the instructors?

The camp will be conducted by coaches

Mark Belford , Alyssa Lozano,

Michele Perez

H.M. King Girls' Volleyball Camp

The purpose of the Volleyball Camp is to enhance and improve upon the Volleyball abilities of each athlete.

The camp will focus on key elements that include:

- Offensive Fundamentals
- Defensive Fundamentals
- Individual Competition
- Team Play: Passing, Setting, Hitting, Serving, Stance, Footwork, Position, Team competition



Registration

Name: _____

Grade: _____

Address: _____

Home Phone: _____

Contact Person: _____

Relation: _____

Contact #: _____

Additional Contact Person:

Relation: _____

Contact #: _____

Camp Participants **MUST** have the following turned in on the first day of camp and filed with the Camp Coordinators **BEFORE** the athlete can participate:

1. This Registration Form
2. Insurance Waiver Form (on back)
3. Payment—cash or check—\$20.00