

2017

Maverick Volleyball Camp

<u>KIDS AGE</u>	<u>DATE</u>	<u>TIME</u>	<u>COST</u>
Incoming 5 th - 8 th Grade	July 24 th -26 th	9:00am - 11:00am	\$50 <u>Before</u> June 2 nd \$70 <u>After</u> June 2 nd
Incoming 9 th Grade	July 24 th - 27 th	Mon-Wed. 1:00 pm - 4:00 pm Thursday 9:00 am-12:00 pm	\$60 <u>Before</u> June 2 nd \$80 <u>After</u> June 2 nd

Both camps will be in the Memorial High School Gymnasium

Camp Focus on FUNdamentals:

Serving, Passing, Hitting, Blocking, Digging, & Setting.

(Afternoon sessions will focus more on position specific skills)

Campers need to bring: Court shoes, kneepads (optional), water and a snack

Campers will receive a camp T-shirt. To assure the right T-shirt size, a camp form and **CASH** or **MONEY ORDER ONLY** must be returned to Pasadena Memorial High School c/o Kasie Fernandez **before June 2nd**. (Late registration may not be guaranteed the requested shirt size.) If you have any questions, you can contact Coach Kasie Fernandez at Kfernandez@pasadenaisd.org or (713) 740-0390 ext. 53314

Camper's Name _____

Camper's Age _____

T-shirt size: Youth: M L Adult: S M L XL

Parents Name _____

Email Address _____

Phone number _____ Address _____

City _____ Zip _____

In accordance with the rules of the Memorial Volleyball Camp, I hereby give my consent for the aforementioned camper to participate in all camp activities. The undersigned applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnities and releases the Memorial Volleyball Camp, its instructors, and the camp program.

**Pasadena Independent School District does not carry insurance for summer fitness/recreation programs. Parents will be responsible for any medical expense incurred.*

Parent Signature _____ Date _____

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