

Registration Form

Camper Name:

Parent/Guardian Name:

Address:

Home Phone: _____

Cell Phone: _____

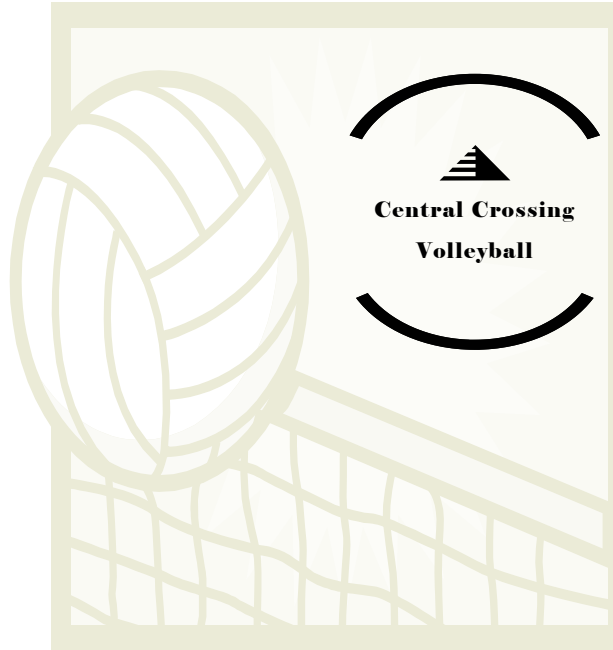
Parent E-mail:

T-Shirt Size (Adult)

SM MED LRG XL

2008-2009 Grade: _____

School _____



Central Crossing
High School

PLEASE RETURN BY: June 4th
c/o Julie Peters, Head Volleyball Coach
4500 Big Run South Rd
Grove City, OH 43123
Make checks payable to
Central Crossing Boosters
ATTN. Volleyball

Phone: 614-801-6500
E-mail: juliebpeters@gmail.com

Central Crossing
High School

2008
COMET
VOLLEYBALL
CAMP

Session #1, June 9th- June 12th

- 4th-6th Graders
- 9:00 am—11:00am



THE COACHING STAFF

HEAD COACH

JULIE PETERS

ASSISTANT COACHES

WAYNE BUCK

BRENDA WAGNER

MEGAN RICHARDSON

LAURA LANGENHOP

& OTHER

GUEST

COACHES



Central Crossing
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CAMP DETAILS

WHEN: June 9th-June 12th

9:00am –11:00am

WHERE: Central Crossing H.S. (Main Gym)

WHO: Incoming 4th—6th Graders

COST: \$55.00 per Camper

BENEFITS:

- Designed to instruct in overall skills, focusing on basic fundamental passing, overhand passing, setting, serving, blocking, serve receive, and correct footwork
- Learn the most effective offensive and defensive techniques.
- Participate in FUN cardiovascular exercises, plyometrics (jump training techniques) and NEW and exciting volleyball drills!
- Each participant will receive a camp T-shirt
- Opportunity to earn extra awards!!!!!!

Release Form

I certify that my daughter is in excellent health & may participate in strenuous activities, cardiovascular exercises, plyometrics (jump training) and volleyball drills. I certify that there are no physical limits to her participation except as stated below, which I have listed all pertinent information. I release and hold harmless the staff of Central Crossing HS, coaches, instructors and sponsors from any and all claims for injuries sustained by my daughter.

Parent or Guardian (Signature):

Date: ____/____/____

Emergency Phone: _____

List Medical Information Below: