

Registration Form

Camper Name:

Parent/Guardian Name:

Address:

Home Phone: _____

Cell Phone: _____

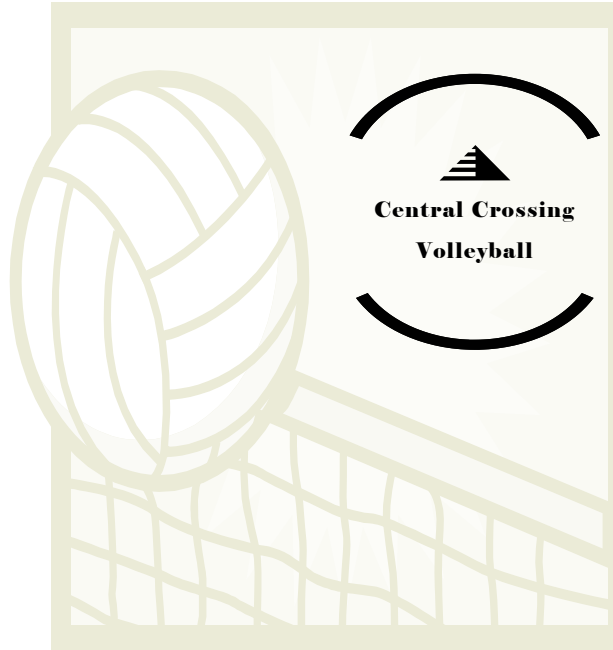
Parent E-mail:

T-Shirt Size (Adult)

SM MED LRG XL

2008-2009 Grade: _____

School _____



**Central Crossing
High School**

PLEASE RETURN BY June 10th 2008

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: juliebeters@gmail.com

**Central Crossing
High School**

**2008
COMET
VOLLEYBALL
CAMP**

June 16th– June 19th

- Incoming 7th-8th 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
High School

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Phone: 614-801-6500

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CAMP DETAILS

WHEN: June 16th-19th 2008

9:00am –11:00am

WHERE: Pleasant View Middle School

7255 Kropp Rd. Grove City, OH 43123

WHO: Incoming 7th-8th graders

What To Bring: Please bring a water bottle and wear athletic shoes and athletic clothes.

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: