

Registration Form

Camper Name:

Parent/Guardian Name:

Address:

Home Phone: _____

Cell Phone: _____

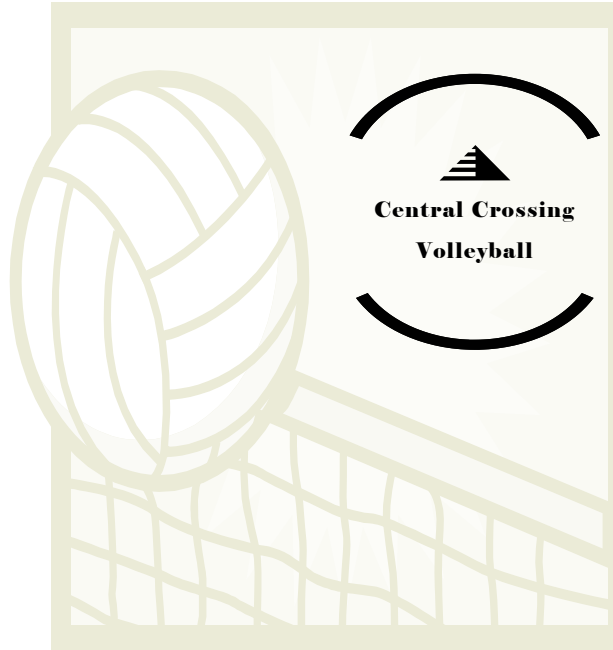
Parent E-mail:

T-Shirt Size (Adult)

SM MED LRG XL

2008-2009 Grade: _____

School _____



**Central Crossing
High School**

PLEASE RETURN BY July 21st 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**

July 28th– July 31st

- Incoming 9th-12th Graders
- 9:00 am—2:00pm



THE COACHING STAFF

HEAD COACH

JULIE PETERS

ASSISTANT COACHES

WAYNE BUCK

BRENDA WAGNER

MEGAN RICHARDSON

LAURA LANGENHOP

& OTHER GUEST COACHES

Central Crossing
High School

PLEASE RETURN BY July 21st 2008

c/o Julie Peters, Head Volleyball Coach

4500 Big Run South Rd

Grove City, OH 43123

Phone: 614-801-6500

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CAMP DETAILS

WHEN: July 28th-July 31st

9:00am –2:00pm

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

WHO: Incoming 9th-12th graders

What To Bring: Please bring a water bottle, a healthy snack ex. fruits, vegetables, granola bars etc.

No camper will be allowed to leave school!!

COST: \$60.00 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: