

Central Charger Volleyball Camp

Sessions 1 & 2--July 15–18		Session 3--July 15-17
Session 1 Incoming 2 nd – 6 th Graders 1:00pm – 3:00pm 4-day Camp	Session 2 Incoming 7 th – 8 th Graders 3:30pm – 6:00pm 4-day Camp	Session 3 Incoming 9 th Graders 1:00pm – 4:00pm 3-day Camp (due to team camp)

Camp sessions will be held at **Central High School**

- Individual skill work and team concepts taught at an age appropriate level.
- Instructor to athlete ratio is 1:10 in most situations.
- Price includes instruction and a Camp T-Shirt
- Athletic shoes are required. Knee pads are optional but recommended. We will provide volleyballs.
- Parents are invited to attend on last day, for the last hour of each session, for competitive play.
- Players are encouraged to bring money to deposit in their account in the Concession Stand Bank for snacks each day.

Directing the Central Charger Volleyball Camps will be Head Coach Lyndsay Baker. Coach Baker is in her 16th year of coaching at Central High School and will be starting her 2nd year as the Head Coach of the Chargers. Assisting with camps will be volleyball coaches from Central High School, Hillwood Middle School, and former Charger Volleyball players.

Cost and Payment Deadline:

Mail-in Registration \$110 postmarked by July 8th
 Central Volleyball Camp * c/o Lyndsay Baker * PO Box 701 * Hurst, Texas * 76053
 \$120 after July 8th

Make checks payable to: Charger Volleyball Camp

Please contact Coach Baker at Lyndsay.Baker@kellerisd.net or (817) 683-3213

Please complete and return this form with your \$110 camp fee (check or money order payable to Charger Volleyball) postmarked no later than July 8th. After the July 8th deadline, the cost of camp is \$120. Your check is your receipt.

Mail to: Charger Volleyball Camp * c/o Lyndsay Baker * PO Box 701 * Hurst, TX 76053

Check One Session: I (grades 2-6) ___ II (grades 7 & 8) ___ III (grade 9) ___
 T-shirt Size (please circle one): YS YM YL AS AM AL AXL

Child's Name: _____ Parent Name: _____
 Address: _____ City: _____
 Zip Code: _____ E-mail Address: _____
 Cell Phone: _____ Grade (fall 2019): _____ School 2019-2020: _____
 IN CASE OF EMERGENCY, PLEASE CONTACT: Name: _____
 Relation: _____ Phone #: _____

LIABILITY WAIVER:

I, the undersigned parent/legal guardian, give permission for _____ to participate in the Central Charger Volleyball Camp. I understand that Keller ISD, its employees, or anyone acting on its behalf, will not be held liable or responsible for personal injuries and property damage or loss of any kind, which may occur, during the camp. The above forgoing release has been read and understood by the undersigned.

I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required.

 Parent/Legal Guardian

 Date