

# West Hardin Volleyball Camp

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## **July 9-12**

The camp is available for incoming 5th grade to incoming freshmen for the 2018-2019 school year. It will be a camp for all levels and abilities. We will go over basic skills and on the last day there will be tournament style play! The cost will be \$50 and this will include food after the skills session is done and T-shirts for them to wear on the last day of camp. Please fill out the attached form by June 29th and turn it into Coach Adams or Coach Bennett. You can mail it to West Hardin High School 39227 TX-105, Saratoga, TX 77585 or bring it up to the school and leave it in the high school office. We'd love for you to come be a part of the West Hardin Volleyball Camp!

## **Schedule**

### July 9 (AM 5th-7th) (PM 8th-9th)

8:30 Check in 5th-7th, receive shirts, start warming up

9:00-11:30 Skills Session-Passing

11:45 Food provided

1:00 Check-in 8th-9th, receive shirts, start warming up

1:15-3:45 Skills Session-Passing

4:00 Food Provided

### July 10 (AM 5th-7th) (PM 8th-9th)

9:00-11:30 AM Skills Session: Passing & Serving

11:45 Food Provided

1:00-3:30 PM Skills Session-Passing and Serving

3:45 Food Provided

### July 11 (AM 5th-7th) (PM 8th-9th)

9:00-11:30 AM Skills Session: Hitting

11:45 Food Provided

1:00-3:30 PM Skills Session-Hitting

3:45 Food Provided

### July 12 (AM 5th-7th) (PM 8th-9th)

9:00-11:30 AM Tournament

11:45 Food Provided

1:00-3:30 PM Tournament

3:45 Food Provided

West Hardin Volleyball Camp Registration



**Participant information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade (School year 2018-2019) \_\_\_\_\_ Age \_\_\_\_\_

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

T-shirt size (circle one) YXS YS YM YL AXS AS AM AL AXL AXXL

**Emergency Contact Information**

Mother's name \_\_\_\_\_

Mother's phone number \_\_\_\_\_

Father's name \_\_\_\_\_

Father's phone number \_\_\_\_\_

Emergency contact \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

Physicians name \_\_\_\_\_

Physicians phone number \_\_\_\_\_

\*Make Checks Payable to West Hardin Volleyball\*

