Knight Volleyball

CAMP 2012

IT TAKES TEAMWORK TO MAKE THE DREAM WORK

OPPORTUNITY

These camps are designed to not only give each athlete an opportunity to refresh their volleyball skills and learn new skills and strategies, but to also see their future high school, meet the coaching staff and potential future teammates. We will go over the basic fundamentals of volleyball and also introduce offensive, defensive, and serve receive systems.

Please bring:

- Court shoes
- Knee pads and workout clothes
- Water bottle
- Money for concessions
- Good attitude
- Willingness to learn

MAIL TO:

Send registration form, payment & copy of physical to:

Hodges Volleyball Camp
18101 Point Lookout Dr. #150
Nassau Bay, TX 77058

Checks payable to Hodges Volleyball Camp

Register early to insure acceptance!

For additional information, contact:
Coach Hodges @ 832.257.7560 or lhodges@ccisd.net

JULY 30– AUG 2, 2012

CAMP TIMES

Session 1: **8 a.m. - 9:30 a.m.**
All upcoming 3rd – 6th graders

Session 2: **8a.m. - 10:30 p.m.**
All upcoming 7th - 8th graders

Session 3: **8:30 p.m. - 11:30 p.m.**
All incoming freshman

Session 4: **12p.m. - 5p.m.**
Returners Camp
By: World Volleyball Consulting
Get Flyer from www.worldvolleyballconsulting.com

*At each session, athletes will be grouped based on level of play, not age.

CAMP COST

Camp fee (must be received before July 6th):

Session I:	$85.00
Session II:	$95.00
Session III:	$100.00
Session IV:	see WVBC flyer

Camp fee (received after July 6th or at door):

Session I:	$105.00
Session II:	$115.00
Session III:	$120.00
Session IV:	see WVBC flyer

Please Note: There is a $25 cancellation fee IF notified before July 5th. No refunds can be made after July 5th, no exceptions. There is also a $25 fee for returned checks.

Camper Name:_____Age:_____

Parent's Name:_____

Address:_____

Contact #:_____Emergency #_____

Grade entering 2012:_____School:_____

Years volleyball experience:_____Club team:_____

Session Attending: I II III

Camp T-shirt Size: YS YM YL
AS AM AL AXL

I hereby authorize the coaching staff of Hodges Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the camp from liability for any injuries or illnesses incurred while at the camp. Each camper will be covered by a group insurance policy.

_____
Parent/Guardian Signature

_____
Date

Neither this organization nor this event is sponsored, endorsed or otherwise affiliated with Clear Creek ISD.