2018

VOLLEYBALL SKILLS CAMPS

DIRECTED BY LIZ UNDERWOOD

July 17 - 19

LEE-SCOTT ACADEMY AUBURN, ALABAMA

JULY 17 - 19

NAME: _____

Rising GRADES 6-8

Times: 1 – 4 Each Day

Camp instruction will consist of:

> Technical work on the fundamental individual skills and movements of the game of volleyball including serving, passing, setting, overhand passing, defense and hitting.

_____ GRADE IN FALL: _____ SCHOOL: _____

> Team Elements of play such as: Serve Receive, Team Defense, Transition Offense

Camp Cost is \$75 (Non-refundable).

Make checks payable to: Liz Underwood Return to: 2179 Wedgewood Ct., Auburn, 36830

For More Information Email: lzndrwd@gmail.com.

2018 VOLLEYBALL CAMP REGISTRATION FORM

Parent / Guardian Name:	Cell #		
Address:	City:	ST	Zip:
Email Address:	(To send co	onfirmation and	camp information.)
Emergency #(If different than cell):			
By signing this waiver, I agree to pay all camp feed medically approved to participate. It is agreed that camper / student and her parents and/or legal gut said camper / student and parents and/or legal gut that a qualified trainer, physician, or other health emergency and that I would be responsible for the of facilities used, from any and all claims resulting understand this camp information and registration	It all risks attendant to participating ardians and that this assumption is a participating ardians as indicated by the parent / care provider may administer health ese costs. I also release the camp conform any liability or injury associated	in camp activitiencknowledged, a guardian signat care in case of aches/staff as w	es are assumed by the pproved and agreed to be cure below. I also agree medical necessity or yell as owners / managers
Parent and/or Legal Guardian's Signature:		Date:	

POSITION(s) (If known) ______ Years Played: ____ CLUB (If Played): _____