

# 2009 HUSTON-TILLOTSON UNIVERSITY VOLLEYBALL CAMPS

## Hosted at Blanco High School

### Day Camp Dates:

Jul 20-23, 2009

BLANCO VOLLEYBALL ATHLETES

Time: 9:00 AM to 1:00 PM

**Fee: High School & Junior High - \$40.00** Includes Comprehensive Volleyball Training; Speed and Conditioning Development; Skills Training and competition, some classroom type time set aside for sessions for Mental Preparation and Role situations, each camper will receive a camp t-shirt. **Please make checks payable to BLANCO ISD**

### Camp goals

1. Provide **a positive learning experience** for each student/athlete.
2. **Demand EXCELLENCE while building confidence** in each student/athlete.
3. **Improve** physically in Speed and Core Strength.
4. **To teach the most current strategies** that will allow each student/athlete to excel in competition situations.

### Daily Equipment Needs:

- Proper volleyball work out apparel along with extra T-shirt and towel
- Volleyball court shoes
- Knee pads
- Water bottle and snacks
- Emergency contact numbers
- POSITIVE LEARNING ATTITUDE!

### Registration Form:

Name: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mom work phone \_\_\_\_\_ Cell \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Dad work phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Grade in fall of 2009 \_\_\_\_ Position \_\_\_\_\_ Hand \_\_\_\_\_

Policy number: \_\_\_\_\_

School: \_\_\_\_\_

Years played: \_\_\_\_ # of camps attended \_\_\_\_\_

**T-Shirt Size: Youth – XS S M L Adult – XS S M L XL**

### WAIVER \* PROOF OF INSURANCE

I, \_\_\_\_\_ hereby authorize the camp staff to act for me, according to their best judgment, in any emergency requiring medical attention and hereby waive and release Blanco High School and Huston-Tillotson University Volleyball Camp staff from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any medical problems or physical impairment that would affect \_\_\_\_\_ (print camper name) to safely participate in the camp program. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury.

I acknowledge that I have read and understand the waiver policies.

**RETURN REGISTRATION FORM TO**

Signature: \_\_\_\_\_

**BLANCO HIGH SCHOOL**

Relationship: \_\_\_\_\_

**VOLLEYBALL COACHES**

Date: \_\_\_\_\_