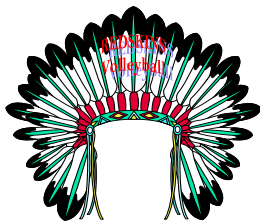


2009 Cardinal Gibbons Volleyball Summer Camp

Dates: June 8-12 1 to 4pm

The five-Day camp is for girls and boys ages 5-14. This camp is an opportunity for all players (from beginner to advanced) to learn to improve their skills and techniques of the game of Volleyball. Players will be placed into groups according to skill and experience levels. The groups will be no more than 10-12 campers per coach. The first four days of camp will be spent enhancing skills. The last day of camp will be tournament play and parents are welcomed and encouraged to attend.

Campers will be provided with a Camp T-shirt. Campers should bring a water bottle and wear sneakers. Campers should also wear any Athletic supports that they usually wear when playing volleyball- as, ankle braces, kneepads etc. Also, please do not wear jewelry, watches or any other valuable items.



CAMP DIRECTORS:

Kathryn Farland: Head Coach Lady Chiefs Volleyball Program

Denise Faber: Assistant Varsity Coach Lady Chiefs Volleyball
Athletic Director and Head Coach, St. Elizabeth School

COACHING STAFF:

Kristin Scher: Assistant Varsity Coach Lady Chiefs Volleyball and Head Coach, St. Coleman School

Mercedes ter Maat: Assistant Varsity Coach Lady Chiefs Volleyball
Keri Fox: Assistant Junior Varsity Coach Lady Chiefs Volleyball

Assistants: Players from the Present Cardinal Gibbons Lady Chiefs Volleyball Team and Chiefs Men's Volleyball Team

CAMPER ENROLLMENT FORM

CAMP COST \$150

******(Make Non-Refundable checks Payable to: Cardinal Gibbons High School)******

Mail to: Cardinal Gibbons High School, Attn: Kathryn Farland
2900 NE 47 St.
Ft. Lauderdale, FL 33308

Name: _____

Address: _____

Phone: _____ Emergency Number during Camp: _____

Grade : ____ School _____ in as of April 2008, School attending next year _____

Volleyball Experience: ____ None ____ Elem. JV. ____ Elem. Varsity ____ Previous Camps _____

Parents Permission Form

I hereby permit my child to attend this Camp. I understand that this camp involves physical activity, which contains risk of possible serious injury. I hereby understand and release this camp and coaching staff as well as Cardinal Gibbons High School and the Archdiocese of Miami from all liabilities. Medical or physical disabilities must be brought to the attention of Camp Staff upon registration.

Name Insurance Company _____ Policy Number _____

Parent Signature: _____ Date: _____