

PIONEER HIGH SCHOOL VOLLEYBALL CAMP

ATTENTION:

We will enroll the first 80 participants on a first come first served basis. We will take campers ages 8-14 years. It is very important to register early to guarantee a spot!

DATE: June 9—13th, 2008, Mon-Fri

TIME: 9 am—12 noon

LOCATION: PHS GYM

COST: \$85, additional siblings cost is \$75

AGES WELCOME: 8-14 years old (of any skill level)

INCLUDES:

- Plyometrics, agility, footwork, & conditioning
- 3 hours per day of individual/team instruction
- Offensive/defensive strategies
- Passing, setting, hitting, blocking & serving methods
- Digging, diving & rolling techniques



T-SHIRT INCLUDED:
Please circle the size below

ADULT

S

M

L



HOW TO ENROLL:

- Complete this application (<—please circle T-shirt size)
- Make check payable to **PHS Volleyball Boosters**
- Mail completed form & check to:
PHS Volleyball Boosters c/o DANA ANGLIN
1400 Pioneer Avenue
Woodland, CA 95776

QUESTIONS: Contact **DANA ANGLIN** (PHS Head VB Coach) at 916-595-2999 or danglin@wjusd.org

YOUTH

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REGISTRATION

Participant Name: _____
 School attending next year: _____
 Grade entering next year: _____ Age: _____
 Parent/Guardian: _____
 Email Address: _____
 Home Address: _____
 Phone: _____ (home) _____ (cell)

MEDICAL RELEASE

I, _____, parent/ guardian give consent for my child, _____, to be examined and receive emergency treatment as needed by a physician as a result of injuries and/or sickness while participating in the Pioneer High School Volleyball Camp. It is understood that a conscientious effort will be made to contact me or my spouse before such action is taken. I further agree that I will be financially responsible for any expenses associated with this authorized treatment.

PARENT SIGNATURE: _____ Date: _____

KNOWN ALLERGIES or HEALTH CONCERNS _____

Name of INSURANCE CARRIER: _____ POLICY # _____

Register by
MAY 14th
to guarantee

spot
&
camp t-shirt !!!