



ST. JOSEPH VOLLEYBALL CAMP

June 12 - 16, 2006

Boys & Girls! Beat the heat (and stay out of the rain) by enjoying volleyball camp in St. Joseph's air-conditioned gym. All St. Joseph-Manchester parishioners, as well as non-parishioners, are invited to participate. Susan Dean, volleyball coach from Parkway West High School will be running the camp. Skills taught will include underhand and overhand serving, setting, passing, hitting, blocking, team offenses and team defenses. Coaches are encouraged to attend to assist the head instructor and to share their suggestions for drills (or new coaches can learn various drills). Coaches that help with camp will receive mini coaches' clinic from 11:00-11:30am each day.

Monday, June 12 thru Friday, June 16

Fee: \$45 (includes a t-shirt) (children of helpers attend free of charge) NOTE: BELOW DIFFERENT PAY PLAN THAN PREVIOUS YEARS!

Morning Session: 8:30 am - 11:00 am
7th & 8th grade

Afternoon Session: 11:30 am - 2:00 pm
4th, 5th, and 6th grade

Campers should wear t-shirts and shorts that are comfortable for playing volleyball in, along with tennis shoes and socks. Knee-pads are suggested, but not required. Water bottles are optional.

Deposit payment may be made during registration for the Fall 2006 Volleyball or by returning the bottom portion of this form, with a **check payable to St. Joseph Athletic Association**, in the amount of **\$25.00** to the St. Joseph Volleyball Director, Becky Smith, 320 Whitehall Dr., Ballwin, MO. 63021, **by June 5**. On opening day of camp, the remaining **\$20.00 (cash please)** will be collected. There will be a limit of 30 campers per session (an unlimited number of coaches and parent helpers may attend). Please contact Becky Smith at 636-394-7890 if you have any questions about registration.

Name: _____ Grade (entering): ____ Session # ____

Address: _____ City: _____ Zip: _____

Phone: _____ Circle t-shirt size: Y-L A-S A-M A-L A-XL

I hereby authorize the directors and staff of the St. Joseph Volleyball Camps to act for me in their best judgment in any emergency requiring medical attention. I will be responsible for any medical or any other charges in connection with my child's attendance at camp. I do hereby release, absolve, indemnify and agree to hold harmless the St. Joseph Volleyball Camp directors and staff.

Parent/Guardian Signature: _____ Phone: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

ENCLOSED CHECK FOR \$25.00, deposit