



2017 Volleyball Summer Camp

Sponsored by the

W.T. Woodson Athletic Boosters



Date: July 11-14, 2017

Session 1 5:00 to 7:00 PM Main Gym \$125

Session 2 7:30 to 9:30 PM Main Gym \$125

You may sign up for both sessions

Cost: \$125 per session

Camp Directors:

Len Palaschak W.T. Woodson Volleyball Head Coach

Joe Conway W.T. Woodson Volleyball JV Coach/Varsity Assistant Coach

Becky Conway W.T. Woodson Volleyball Freshman Coach/JV & Varsity Assistant Coach

Sam Mackin W.T. Woodson Volleyball Freshman Assistant Coach/Varsity Assistant Coach

Eligibility: Rising 4th through 9th graders

Deadline for camp registration: June 23, 2017

About the Camp

Sessions will emphasize technique, skill, repetition, and competition.

Our goal is to provide a fun environment for learning volleyball.

Additionally, we want to prepare rising 8th and 9th graders for high school level volleyball.

Each session is limited to 48 players.

You will be notified by email if you are accepted into the camp or are on the waiting list.

The registration form must be filled out completely and payment received to be accepted to the camp.

What to Bring

Volleyball shoes or court shoes (tennis or basketball shoes with non-marking soles), knee pads, gym shorts* or spandex shorts, t-shirt*, water bottle. If you have any questions, please email or call the camp POC below.

***Do not wear cut off shirts/shorts, mid-riffs, tank tops, or any spaghetti strap shirts**

Please bring a small snack if you plan on staying for both sessions.

Camp POCs

Len Palaschak

v-ballcoach@hotmail.com

Cell: 703-969-9399

Sam Mackin

smackin@fcps.edu

Cell: 571-314-2604

For more information and for registration please go to:

<http://www.wtwoodsonsports.org/main/teamcamps/id/3405/seasonid/4183618>



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Registration

(Please Print Legibly)

Checks: **Payable to: W.T. Woodson Athletics Booster Club**
Comment Section: Camper's Name and "Volleyball Camp"

Send completed registration to: W.T. Woodson High School
 Attn: Student Activities-Volleyball Camp
 9525 Main Street, Fairfax, VA 22032-4099

Player's Name: _____ Grade (as of Fall 2017): _____

Adult T-Shirt Size (circle one): S M L XL

Please check the session the camper will be attending.

Session 1 Session 2 Amount Enclosed: _____ Check # _____

Emergency Contact Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

All participants must have their own health insurance coverage. The camp does not assume any responsibility for illness or injuries sustained during camp. The camp is not responsible for lost valuables or money: please keep this in mind while preparing for the camps.

My child has had a physical examination within the last calendar year and is physically fit to participate in all camp activities. In the event of an illness or injury requiring medical attention and I cannot be contacted at the phone number(s) listed, I hereby authorize the camp directors to act for me according to their best judgment. I relieve the Camp, the camp directors, and any staff of any responsibility for any illness or injuries that may occur.

Signature of Parent/Guardian: _____

Health Insurance Company: _____

Policy #: _____