

Windsor High All-Skills Volleyball Camp

The Windsor High Volleyball Camp is an all-skills camp that will benefit both beginners and experienced players. The coaching staff, consisting of Varsity Coach Rich Schwarz, JV Coach Colleen Noonan and Freshman Coach Nicole Graydon, along with a number of local High School and Club coaches, will provide high level drills in a detailed manner that will increase skills for all players. You will not want to miss this fun, high energy camp!

When: July 24th-26th **Where:** Windsor High School
6:00-9:00pm 8695 Windsor Rd.
Age: Grades 8th-12th Windsor, CA 95492
Check-In: 5:30 Monday, July 24th

Camp Fees: \$90 for all 3 days OR \$40 per day for those who can't make all 3 days.

Cash or checks only

Please make checks payable to WHS Boosters – Volleyball.

Send cash or check, registration form and emergency information form to:

**Windsor Volleyball Camp
530 Quince St.
Windsor, CA 95492**

OR bring to Camp ½ hour before start time. Any questions, please call Rich at (707) 478-5593 or email at RBDM13@aol.com.

Emergency Information

I understand that participation in the camp will involve instruction in the sport of volleyball and may include vigorous physical exercise or activity involving a multitude of risks, including but not limited to, broken bones, sprains and muscle pulls. I hereby authorize the directors of Windsor Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Windsor Volleyball Camp from any and all liability for any loss, injuries or illnesses incurred while participating at Windsor Volleyball Camp. I will be responsible for any medical or other charges in connection with my child's attendance. Please note any medical conditions that may affect your child's ability to safely participate in the program or that we should be aware of:

Parent Signature: _____ Work / Cell #: _____

Windsor High School 2017 All Skills Volleyball Camp

**July 24th, 25th & 26th
6-9 pm**

Registration Form

Name: _____ Grade entering Fall of '17: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Height: _____

School: _____ Years of Experience: _____