**5th- 8th Grade Volleyball Camp**

   

**For Beginner and Experienced Skill Levels**

**Location:** Jefferson Forest High School Gymnasium

**Dates/Days:** June 4th-6th (Monday-Wednesday)

**Times**: 8:30 a.m. – noon each day

**Who:**  For all Rising 5th-8th Grade Girls

**Staff:**  Jefferson Forest HS Coaches and Players

**Costs:** $ 50.00

**Contact:** Steve Mills, Jefferson Forest Head Varsity Volleyball Coach

 Email: smills@bedford.k12.va.us

 Call/Text: 434-444-0984

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| Campers will learn/review and practice basic volleyball skills such as passing, blocking, hitting, serving, and passing. We will also introduce the advanced concepts of volleyball such as team defensive systems, serve receive, rotations, offensive systems, etc…. |
| To register for the camp, please fill out the below information, cut, and mail in with payment to:Steve Mills, Jefferson Forest HS, 1 Cavalier Circle, Forest, VA 24551Please make checks payable to : **Jefferson Forest High School** |

-------------------------------------------------------Cut, Fill Out and Mail in------------------------------------------------------------

Camper Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fall 2018 Grade \_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact Person Name and Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver:** I understand that in any athletic event there is a certain amount of risk for all participants. I will not hold Bedford County Public Schools or its representatives liable for any injuries that may occur during the course of the camp. I acknowledge that my daughter is physically fit and able to participate in the camp. I authorize the camp staff to perform any minor medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_