



# Grove City HS Girls Volleyball Camps



Join the GCVB coaching staff, and members of the 2018 OCC Champion team, in 2 camps this summer to get your game tuned up for the fall!



## Camp 1 : Middle School Tune Up Camp

Who: 6th-8th graders (2019-2020 school year)

Dates: July 23-25, 2019

Time: 6p-8pm

Location: GCHS Rec Center

Cost: \$60/participant

Sharpen your skills, pick up some new techniques, and have fun, as you prepare for middle school tryouts. Focus will be on the fundamentals, and using skills in game-like situations. Be ready to show what you can do come August!



## Camp 2 : All Youth Tune Up Camp

Who: 4th-8th graders (2019-2020 school year)

Dates: Aug 12-13, 2019

Time: 6:30pm-8:30pm

Location: GCHS Rec Center

Cost: \$40/participant

Develop your passion, and grow your game as you get ready to play in a fall league, and maybe even try out for club volleyball! Focus will be on developing the fundamentals in passing, setting, serving, and hitting, while in a fun learning environment!

### WHAT DO YOU WEAR?

- \* t-shirt
- \* shorts or spandex
- \* knee pads
- \* athletic shoes

### WHAT DO YOU BRING?

- \* water bottle (filled)
- \* ENTHUSIASM
- \* DESIRE to learn

FOLLOW US ONLINE ALL SEASON

Website: <https://gchsgreyhounds.com>

Twitter: [@GreyhoundsVB](https://twitter.com/GreyhoundsVB)



# Grove City HS Girls Volleyball Camps

## Entry Form

### **Please print, complete and return this page with payment**

*Registration:* Early registration can be turned in to our coaching staff at any of our open gyms during the summer. We'll be at GCHS (rec. center) every Monday, Wednesday, & Thursday from 4:00pm-7:00pm in June & July. Registration at the door on the first day of the clinic will begin at 5:30pm.

Please make checks payable to: **Grove City Athletic Boosters**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade (2019-2020): \_\_\_\_\_

Attached Check #: \_\_\_\_\_

### **In Case of Emergency Contact Information**

Parent/Guardian Names: \_\_\_\_\_

Contact Cell #1: \_\_\_\_\_ Contact Cell #2: \_\_\_\_\_

#### Release Information:

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Grove City HS Volleyball or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this clinic, and which may arise out of my traveling to, participating in or returning from the clinic. Parent(s)/guardian authorize Grove City HS Volleyball to act in the best interest of the applicant, in Clinic Directors' discretion, in event of injury to the applicant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_