



Cleburne Volleyball Summer Camp 2019



Incoming 3-5th Graders

Where: Wheat Middle School Gyms

When: May 28th-30th
9-11 am

Cost: \$60

Skills: *serving *forearm passing
*defense *attacking *sportsmanship
*basic rules *team play

***Please bring cash or checks to
Rachell Pope*

Don't Forget:

*Registration (back of
this page) if you didn't
register online.

*Payment

*Water

*Knee Pads

*Court Shoes

Questions?

rpope@c-isd.com

text/call: 9033888808

Incoming 6th-9th Graders

Where: Wheat Middle School Gyms

When: May 28th-30th
1- 3 pm

Cost: \$60

Skills: *serving *offense/defense
*forearm/overhead passing *setting
*serve receive patterns *competition
*team training

***Please bring cash or checks to
Rachell Pope*

*Please Register Online, if possible @ <https://forms.gle/xzMFhCpvedwSZzm39>



Cleburne Volleyball **2019** Summer Camp Registration Form

I hereby consent to having my child participate in the Volleyball Camp at Cleburne High School. I understand that there are physical risks involved in such participation, and that it is the responsibility of each participant to engage in only those activities for which he/she has the necessary participation and skills. I certify that my child is medically fit to participate in the camp and hereby authorize the camp coaches to act for me according to their best judgment in an emergency requiring medical attention for my child.

I also understand that the Volleyball Camp at Cleburne High School does not carry accident or health insurance of any type. My child plays at his/her own risk as they are not covered by personal accident or medical health insurance plan through private or group sources. Neither the Volleyball Camp, Coaches, or Cleburne ISD is responsible if my child is playing without insurance protection described above.

Camper's Name: _____

Entering Grade: _____

T-Shirt Size (please circle): YM YL AS AM AL AXL

Signature of Parent/Guardian: _____

Emergency Contact: _____

Phone Number: _____

Parent E-mail: _____