

In case of emergency, please contact:

1. _____
(Name) Relationship)

(Phone Number)
2. _____
(Name) Relationship)

(Phone Number)
3. _____
(Name) Relationship)

(Phone Number)

Drop off registration form with payment and physical
at the SHS Front Office or mail to:

Stratford Volleyball
c/o Jenny Adcock
14555 Fern Drive
Houston, TX 77079

PLEASE, NO PERSONAL CHECKS

Contact Coach Adcock for more information at
jennifer.adcock@springbranchisd.com

STRATFORD HIGH SCHOOL



FUTURE SPARTANS VOLLEYBALL CAMP

2019

JULY 29-31 from 3-6 pm

For girls entering 6th – 9th grades



FUTURE SPARTANS VOLLEYBALL CAMP

Hosted by: Jenny Adcock, Head Coach, Stratford High School

Date: July 29 - 31, 2019

Time: 3:00 - 6:00 pm

Location: Stratford High School Main Gym

Instructors: Stratford HS and SBISD Coaching staff, former players, other qualified Houston area coaches

Instruction: 6 basics skills of volleyball plus time training position-specific movement, team aspects, and competitive strategy

Open to: Incoming 6th-9th graders zoned to SBISD schools
Priority given to future Stratford student-athletes

*Current SHS students are not eligible to attend camp.

Cost: \$40.00 per camper [CASH OR MONEY ORDER]

*Scholarships available for students on free or reduced lunch.

Camp Provides: Equipment for drills & instruction, accident insurance, camp t-shirt

What to Wear: Shorts/spandex, t-shirt, athletic shoes
(no Converse, etc), knee pads, hair pulled up!

What to Bring: Water/Gatorade (also sold on breaks)

Registration Due Date: June 1st

*If space is available, Late Registration is accepted & assessed late fee of \$5.

A confirmation email will be sent upon receipt of application.

For more information, please feel free to contact Coach Adcock at jennifer.adcock@springbranchisd.com.

NOTE: This camp is not a requirement to play volleyball for Stratford High School or any feeder school.

OVER →

2019 FUTURE SPARTANS VOLLEYBALL CAMP REGISTRATION FORM

CAMPER'S NAME: -----

T-SHIRT SIZE (ADULT SIZES ONLY): S M L XL

2019-2020 GRADE: 6 7 8 9

MIDDLE SCHOOL ATTENDING/ATTENDED: -----

HIGH SCHOOL YOUR DAUGHTER WILL ATTEND: -----

PARENT NAME: -----

PARENT CELL: -----

HOME PHONE: -----

ADDRESS: -----

PARENT EMAIL: -----

I hereby authorize the directors of the Future Spartan Volleyball Camp to act for me in accordance with their judgment in any emergency requiring medical attention. I further waive and release Future Spartan Volleyball Camp and its employees from liability for any damages from injuries and/or illness sustained at the Future Spartan Volleyball Camp. I know of no mental or physical condition which might affect my child's ability to safely participate in the camp. I have included a **copy of my child's latest physical** and have notified the camp instructors of any physical ailments my child has experienced of which they should be aware.

Parent/Guardian Signature -----

Date -----