



# Clear Falls Volleyball Camp 2024

## Camp Dates: July 29<sup>th</sup> – July 31<sup>st</sup>

### Session I - Incoming K-5<sup>th</sup> graders

8:00 am – 10:00 am

### Session II - Incoming 9<sup>th</sup> graders

8:00 am – 11:00 am

### Session III - Incoming 6<sup>th</sup>-8<sup>th</sup> graders

10:30 am – 1:00 pm

(athletes will be grouped by ability, not necessarily age)

**\*\*BOYS & GIRLS WELCOMED TO ALL LEVELS OF CAMP\*\***

**Location: All Camps will be at Clear Falls High School**

## Registration Costs

### PAYMENT WILL BE COLLECTED ON 1<sup>ST</sup> DAY

K-5<sup>th</sup> grade \$80

6<sup>th</sup>-8<sup>th</sup> grade \$90

9<sup>th</sup> grade \$100

### Online Registration Form



**Cash or Checks accepted at the door!!!  
Make Checks Payable to: Alison Williams**

## Email Registration Form To:

Coach Williams: [awilliams@ccisd.net](mailto:awilliams@ccisd.net)

**PAYMENT WILL BE COLLECTED ON 1<sup>st</sup> Day of CAMP**

**\*\*\*REGISTER BY JULY 15<sup>th</sup> TO GUARANTEE SHIRT SIZE\*\*\***

**For additional information, contact:  
Coach Williams – [awilliams@ccisd.net](mailto:awilliams@ccisd.net)**

## Camp Description

These camps are designed to not only give each athlete an opportunity to refresh their volleyball skills, learn new skills and strategies, but to also see their future teammates. We will go over the fundamentals of volleyball and introduce offensive, defensive, serve receive systems and have athletes participate in game play. Each camper will receive a t-shirt at the end of camp. **Boys and Girls are welcome to attend!**

## What To Bring To Camp

Court shoes, Knee pads, Workout clothes, Water, Great Attitude & Willingness to Learn

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Contact #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Grade Entering 2024: \_\_\_\_ School attending in 24-25: \_\_\_\_\_

Years volleyball experience: \_\_\_\_\_ Club Team: \_\_\_\_\_

Session Attending:    I        II        III

Camp T-Shirt Size:    YS    YM    YL    AS    AM    AL    AXL

I hereby authorize the coaching staff to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the camp from liability for any injuries or illnesses incurred while at the camp. Each camper will be covered by a group insurance policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date