

2025 PEARLAND OILER VOLLEYBALL CAMP



Date: Monday, June 2 through Wednesday, June 4, 2025

Ages: Camp is for 4 year old's through 9th graders. Both boys & girls are welcome!
(Please note your child's age below for camp time)

Time: 8:00 to 9:30 a.m. – **Camp I: 4 years old-3rd graders**
9:45 to 11:45 a.m. - **Camp II: Incoming 4th - 7th graders**
12:00 to 2:00 p.m. – **Camp III: Incoming 8th- 9th graders**

Where: PHS Searcy Gymnasium

Cost: \$100 – Now through April 31st;
\$115 – Late Registration May 1-June 1



****IF YOU REGISTER AFTER MAY 25-CAMP SHIRT MAY COME IN AT A LATER DATE****

***Zelle and Venmo information below. Cash only at the door.**

Scan QR Code to Register Online

This camp is an all skills camp that works on the camper's fundamentals, technique, and mental toughness. The goal is to develop a solid foundation so that the camper can become a better volleyball player. We strive to maintain a fun and competitive atmosphere, so the camper gets the most out of each touch of the volleyball.

Campers will receive instruction in serving, hitting, passing, blocking and defense. Campers will need knee pads, athletic shorts, and tennis shoes and water. (No other outside food will be allowed inside gym). For more information contact Coach Gill at gillj@pearlandisd.org or call 281-701-3461

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2025 Pearland Oiler Volleyball Camp Registration Form **PLEASE USE QR CODE ABOVE TO REGISTER**

Name _____

Address _____ City _____

Age/Grade _____ Shirt size (Circle one): Adult S M L XL XXL Youth S M L

Parents name: _____ Cell Phone: _____

Email: _____

Family Doctor: _____ Doctor Office Phone: _____

Select a session: _____ **Camp I: 4 years old-3rd graders** _____ **Camp II: Incoming 4th-7th graders**
_____ **Camp III: Incoming 8th - 9th graders**

Payment Method: _____ Zelle (Jamie Gill: 281-701-3461) _____ Venmo - @coachgilltx

****** Please make sure Camper's full name is in the memo of payment******

I, as a parent or guardian, hereby give permission for my child to participate in the Pearland Volleyball camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities.

Date

Parent's Signature

This athletic camp follows the guidelines set forth by Pearland ISD and the UIL