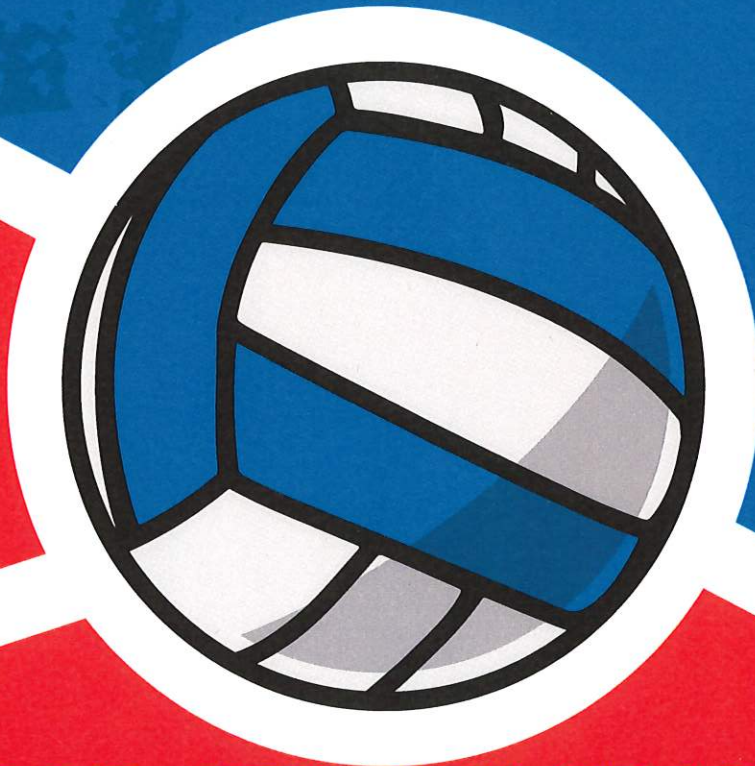


CRIMSON KNIGHTS

# VOLLEYBALL CLINIC

JULY 27-31 2026



**AGE: 5TH-8TH GRADE**  
**9AM-11AM | \$120/WEEK**  
**@ WALL HIGH SCHOOL**

FOUNDATION SKILLS | DRILLS | SETTING  
GAME STRATEGY | SCRIMMAGE PLAY

FOR MORE INFORMATION EMAIL COACH LINSTRA  
[GLINSTRA@WALLPUBLICSCHOOLS.ORG](mailto:GLINSTRA@WALLPUBLICSCHOOLS.ORG)

# CRIMSON KNIGHTS VOLLEYBALL CLINIC

**Date:** July 27 - July 31

**Time:** 9:00 AM to 11:00 AM

**Location:** Wall High School (North Gymnasium) \*Please arrive by 8:50 AM

Girls and Boys interested in volleyball entering Grades 5th-8th.  
All skill levels are welcome! Students will be grouped by ability and age.

**Registration Fee:** \$120/player (Includes T-Shirt) Make Checks Payable to: Side Out Booster Club

Send Registration to: Crimson Knights Volleyball Clinic  
c/o Garry Linstra  
Wall High School  
1630 18th. Avenue  
Wall, NJ 07719

*\*Forms must be received by July 17, 2026\**

**Skills Covered:** \* Passing \* Setting \* Serving \* Hitting \* Game Play

**Please bring:** \*Water \*Athletic attire \*Sneakers \* Knee Pads are not required but helpful

Please make checks payable to Side Out Booster Club and mail completed registration and payment to:  
**Crimson Knights Volleyball Camp, c/o Garry Linstra, 1630 18th. Avenue, Wall, NJ 07719**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact Name / Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Asthma: Yes/No

T-shirt size: (circle one) Adult S M L XL

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**Waiver:** I hereby certify that the applicant is in good physical condition to take part in the volleyball camp. If medical attention is required for illness or injury while attending the camp, I give my permission for such care and I certify that the applicant is covered by our medical insurance. Wall Volleyball Camp Directors and Staff, and Wall Township Schools are not responsible for payment of medical fees caused by injury incurred while participating in the Volleyball Camp. By signing below, I grant the camp the right and permission with respect to the photographs/video that may be taken of my child(ren) or which may be included with others. The camp withholds the ability to use, re-use, and republish, in whole or in part, individually or in conjunction with other photo/video, in any medium and for any purpose whatsoever, including (but not always by limitation) illustration, promotion, advertising and trade.

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