CYPRESS FALLS
VOLLEYBALL SKILLS CAMP
Philosophy & Goals

Any player who enters a volleyball camp has the right to expect quality coaching and instruction. The Cypress Falls Volleyball Camp strives to provide every athlete with a progressive, structured format in which athletes at all levels receive the most efficient way of executing the basic fundamentals of volleyball.

Our goals are to prepare these young athletes in order to be competitive in their own school setting and to see that each player is challenged and learns as much as possible.

FEE: Registration $50.00
Includes camp-t-shirt

WHAT TO BRING: Proper attire must be worn – NO JEWELRY!!
T-shirt, shorts, knee pads, shoes and socks
Water Jug
Good Attitudes!!!

8th thru 9th grade – A physical is required to participate
We do not have access to the middle school physicals. Please bring a copy of your physical to be able to participate.

July 27 - July 30, 2026
Incoming 8th & 9th Graders to Cy-Falls
ALL will attend from 8:00AM – 11:00AM

Online Registration & Online Payment Link below

Walk Up Registration Form below. Fill out the information below and the back page too. Cash only!

Name _____

School attended in 2025-26 _____

Grade entering 26-27 (circle one) 8th 9th

School entering 2026-27 _____

T-Shirt Size (Adult sizes)
_____S _____M _____L _____XL _____XXL

Head Coach/Camp Director:
Kathy Stephenson
kathryn.stephenson@cfisd.net

Assistant Coaches:
Coach Goodlette, Coach Gurany & Coach Scott

Cypress Falls High School
9811 Huffmeister Rd.
Houston, TX 77095

STUDENT'S NAME_____

CAMPUS _____

I hereby give my consent for the above-named student to participate in school athletics including various athletic practices, competition and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, the student needs immediate care and treatment as a result of any injury or sickness. I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, and hospital or school representative.

DATE_____

NAME OF PARENT OR GUARDIAN_____

SIGNATURE OF PARENT/GUARDIAN_____

HOME ADDRESS_____

CITY, STATE AND ZIP_____

PHONE NUMBER_____

PERSON TO NOTIFY IN CASE OF EMERGENCY_____

RELATIONSHIP TO ATHLETE_____

EMERGENCY PHONE NUMBER_____

CY-FALLS VOLLEYBALL

SKILLS CAMP 2026

At Cy-Falls High School

7th thru 9th grade – A physical is required to participate

****Camp is for athletes only in the Cy-Falls boundary****

July 27th - July 30th

Incoming 8th & 9th Graders to Cy-Falls

8:00 AM – 11:00 AM

STATE CHAMPIONS
2000
2011 State Semi-Finalist
2011 & 2000 Regional Champions
Regional Semi-Finalist
2013,2011,2000,1995
Regional Quarterfinals
2013,2011,2000,1998,1997,1995
Area
2019.2016,2015,2014,2013,2012,2011,2010,
2001,2002,2000,19991998,1997,1995
Bi-District
2019,2016,2015,2014,2013,2012,2011,2010,
2004,2002,2000,1999,2997,1995
PLAY-OFFS
2019,2016,2015,2014,2013,2012,2011,2010,2009,
2008,2007,2004,2002,2000,1999,1998,1997,1995

www.cyfallsvolleyball.com