



# SHERRARD HIGH SCHOOL

## Girls Volleyball Camp 2021

**WHAT:** Girls Volleyball Camp

**WHO:** Girls entering 2nd- 8th grade

**WHEN/Time:**

- ❖ 2nd- 4th 10:00am-1:00pm Friday, June 11th
- ❖ 5th & 6th 1:30pm- 4:30pm Friday, June 11th
- ❖ 7th & 8th 9:00am- 12:00pm Saturday, June 12th

**WHERE:** Sherrard High School, Gym 1

**COST:** \$25.00

**FEE INCLUDES:** Coaching/instruction, t-shirt and covers administration fees.

**Camp Features & Skills Emphasized**  
 Designed for beginner to elite athletes. Training techniques will include developing fundamental skills, position training, interactive drills, competitive simulations, playing as a team, and having fun!

**Special Skills Emphasized**

- Serving
- Passing
- Setting
- Attacking
- Team Defense
- Team Offense

*Please contact Coach Amy Mitton with questions.*

*Email: [mittona@sherrard.us](mailto:mittona@sherrard.us)*

### Sherrard Volleyball Camp 2021

REGISTRATION DUE BY: **May 26th**

Name: \_\_\_\_\_ Grade in Fall 2021: \_\_\_\_\_

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

Email: \_\_\_\_\_

T-shirt size YS YM YL YXL AS AM AL AXL A2XL

Registration #2 (if needed)

Name: \_\_\_\_\_ Grade in Fall 2021: \_\_\_\_\_

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

Email: \_\_\_\_\_

T-shirt size YS YM YL YXL AS AM AL AXL A2XL

Make Checks Payable to: **SHERRARD VOLLEYBALL**

Mail completed registration Sherrard Volleyball form and payment to:

C/O Vanessa Schulenberg

4701 176<sup>th</sup> Avenue Sherrard, IL 61281



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Medical Condition: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

\_\_\_\_\_

In consideration of being allowed to participate in any way at the Sherrard Volleyball camp, the undersigned acknowledges, appreciates, and agrees that:

The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to **COVID-19** or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;

Parent/Guardian: I give permission for my child to participate in camp and hereby release Sherrard High School, their representatives, coaches and staff of any liability for any accident or injuries acquired through the course of this camp.

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