



JACKET VOLLEYBALL SUMMER CAMPS 2018

Incoming 4-6th Graders

Where: Wheat Middle School Gyms

When: July 16-18th
10 am-12 pm

Cost: \$60

Skills: *serving *forearm passing
*defense *attacking *sportsmanship
*basic rules *team play

***Please bring cash or money order
to **Rachell Pope***

Don't Forget:

*Registration (back of
this page)
*Payment (cash or money
order, please no checks)

*Water

*Knee Pads

*Court Shoes

Questions?

rpope@c-isd.com

text/call: 9033888808

Incoming 7-9th Graders

Where: Wheat Middle School Gyms

When: July 16-18th
10 am-12 pm

Cost: \$60

Skills: *serving *offense/defense
*forearm/overhead passing *setting
*serve receive patterns *competition
*team training

***Please bring cash or money order
to **Rachell Pope***

*7-9th graders, this is a great opportunity to get some work in before tryouts and two-a-days in the following weeks. You should make it a priority to be there as concepts, strategies, and systems will be reviewed.



JACKET VOLLEYBALL 2018 SUMMER CAMP REGISTRATION FORM

I hereby consent to having my child participate in the Volleyball Camp at Cleburne High School. I understand that there are physical risks involved in such participation, and that it is the responsibility of each participant to engage in only those activities for which he/she has the necessary participation and skills. I certify that my child is medically fit to participate in the camp and hereby authorize the camp coaches to act for me according to their best judgment in an emergency requiring medical attention for my child.

I also understand that the Volleyball Camp at Cleburne High School does not carry accident or health insurance of any type. My child plays at his/her own risk as they are not covered by personal accident or medical health insurance plan through private or group sources. Neither the Volleyball Camp, Coaches, or Cleburne ISD is responsible if my child is playing without insurance protection described above.

Camper's Name: _____

Entering Grade: _____

T-Shirt Size (please circle): YM YL AS AM AL AXL

Signature of Parent/Guardian: _____

Emergency Contact: _____

Phone Number: _____

Parent E-mail: _____