

2009
22nd Annual

Canal Winchester Girls Volleyball Camp

This Camp is designed to assist the female
athlete develop her full potential

As an individual and team volleyball player

Each session is spent improving basic skills and developing advanced techniques.

Each session will involve different activities including small group instruction, individual analysis and competitive games

All of the basic skills are covered, practiced and refined

Girls from any school are encouraged to attend

Our staff is highly qualified and experienced

Each athlete will receive a camp tee shirt

We cater to every skill level

Camp awards and more

Three great sessions

- **Youth Camp** Entering Grades 4 · 5 · 6 June 15th 16th & 18th
- **Jr. High** Entering Grades 7 & 8 June 15th – June 18th
- **High School** Entering Grades 9 – 12 June 15th – 18th

Canal Winchester Volleyball Camp 2009

All Sessions @ Canal Winchester High School Gymnasium

Youth Camp • Grades 4, 5, 6 • 4:00 p.m. – 5:30 p.m.
Monday, Tuesday, Thursday / June 15th, 16th, & 18th
Cost \$ 40.00

Jr. High Camp •
Grades 7 & 8 • 1:00 p.m. – 3:30 p.m.
Monday June 15th – Thursday June 18th
Cost \$ 60.00

High School Camp
Grades 9 – 12 • 9:00 a.m. – 12:00 p.m.
Monday June 15th – Thursday June 18th
Cost \$ 75.00

All COSTS increase by 10 dollars • After June 1st • (if openings are still available)

★ A \$ 40.00 NON-REFUNDABLE DEPOSIT IS REQUIRED FOR EACH PERSON WITH REGISTRATION FORM ★

Any balance due must be paid on or before the 1st day of camp

REGISTRATION DEADLINE IS June 1st 2009

✂ Make Checks Payable To Colleen Ross and Mail To:
Kim Wirthman
10123 Alsapach Rd.
Canal Winchester, OH 43110

Camp questions? Colleen Ross: cross@canalwin.k12.oh.us & Kim Wirthman: kWirthman@canalwin.k12.oh.us

✂-----Please Print the Following Information, Cut off the Top and Mail the Bottom Portion -----✂

Name _____ Grade Entering _____ Age _____

Address _____

(Street) (City) (State) (Zip)

School Attending Fall 2009 _____

Parent / Guardian Name _____

Home Phone # _____ Cell _____ Work _____ E-mail _____

Person to contact in the event of an emergency (other than parent / guardian above)

Name _____

Relationship to Athlete (Hm. Phone #) (Cell #) (Work #)

Any Known Medical Problems / Concerns _____

Family Doctor _____ Phone _____



Shirt Size (circle one, adult sizes) Sm. Med. Lg. XL XXL

I assume responsibility for any damage done by the above athlete(s) to the property, persons and / or equipment. I realize that the failure to adhere to the camp's rules and regulations will result in immediate dismissal from camp at the athlete's expense. I understand that the above athlete is participating in the CANAL WINCHESTER VOLLEYBALL CAMP voluntarily with my full knowledge and full knowledge of the responsibilities and dangers inherent in this activity I understand that my signature gives consent for any emergency care necessary, at my expense. Furthermore, I agree to waive and release any and all rights I may have for any and all claims, demands, damages, or costs sustained in connection to entry into this camp, against the Canal Winchester Board of Education, their agents, and their employees including all camp employees / volunteers. I will not hold the camp staff or school responsible for any injury, illness or accidents sustained in connection with my association with the entry into this camp, and which may arise out of my traveling to, participating in or returning from this camp.

_____ Date _____

(Parent or Guardian Signature)

_____ Date _____

(Athlete's Signature)

Both signatures are necessary for acceptance into camp. You will not be contacted for camp confirmation. Please mark your calendar. You will be notified if excluded due to enrollment limitation