

# Analy High School



## Volleyball Camp 2024

@ Analy High School Main Gym

### **Session #1 All-Skills**

**Aug. 5th – Aug. 8th**

**10:00am – 12:30pm**

### **Grades 5 – Incoming Freshmen\***

This Camp focuses on learning/honing skills: passing, setting, hitting, and serving. Fun volleyball games will be played daily.

(Athletes will be divided by age and skill level.)

\$75 pre-registration / \$95 at the door

### **Session #2 Advanced**

**Aug. 5th – Aug. 8th**

**1:30pm-5:00pm**

### **Incoming Freshmen – Seniors\***

Volleyball skills will be taught at a faster pace in competitive game-like situations; skills will build on those from the first session.

Competitive play every day.

\$115 pre-registration / \$135 at the door

### **Registering for Both Sessions**

**\$140 pre-registration / \$160 at the door**

Campers are welcome to stay on campus during the break from 12:30pm-1:30pm but need to provide their own lunch.

\*Grade level for each session is just suggested for experience and skill level

**For more information or to pre-register, email coach Holly Folendorf at**

**[HollyF16@aol.com](mailto:HollyF16@aol.com)**

Athlete's Name: \_\_\_\_\_

Camp Session #(s): \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Adult T-shirt Size\*: \_\_\_\_\_  
(\*must be registered by 7/8 or only as supplies last)

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_ relation: \_\_\_\_\_

I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems it necessary. I will accept the judgement of the person in charge. This permit is effective until I give a written notice of cancellation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list any significant health problems that might be significant to a physician evaluating your child in case of emergency.



I am permitting my minor child to participate in the Analy Volleyball Camp. I hereby acknowledge that participation in the camp will involve physical and recreational activities and that these activities may involve risks including but not limited to:

- Physical Exertion, such as running and making quick movements
- Risks inherent to participate in sports and other recreational activities, such as being hit or struck by equipment or physical contact with other participants.

I hereby expressly assume all such risks that could occur by reason of her participation in any activities and the use of facilities and equipment related to the camp.

Print name of child: \_\_\_\_\_

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

Print Name of Parent/Guardian: \_\_\_\_\_

**Mail form and check made out to Analy High School to:  
Analy High School Volleyball Camp, P.O. Box 686 Guerneville Ca 95446**