

REGISTRATION FORM:

Name:

Emergency Phone #:

Home Phone# :

CAMP:

_____ Youth (3-6th)

_____ Intermediate (6th-9th)

Grade next fall: _____

School: _____

T-shirt size: (adult) _____

Name of ins. Company: _____
policy # _____

By signing below, I agree to the rules and regulations stated in this flyer.

Signature of parent/guardian:

Signature of the student athlete:

FAQ:

Refunds?

*Refunds will not be granted after the first day of camp.

6th graders?

These athletes can choose the session in which they feel most comfortable. If this is your first experience with volleyball, choose the youth camp. If they have some skill, choose the intermediate.

What should my child wear?

*All players must come dressed ready to play in proper athletic attire. (Shorts, t-shirt, tennis shoes) There is no need to purchase knee pads, if you have them, wear them!

Can I watch camp?

*The last day of camp is a mini-tournament that parents are encouraged to attend. Seating is limited!!



GENEVA YOUTH VOLLEYBALL CAMPS 2024

- JUNE 10-13
(Monday-Thursday)

Intermediate Camp

For girls entering 6, 7, 8, 9

This camp is for older players or players with some experience. Skills will be introduced and practiced through this 4 day camp.

TIME: 8am-10:30am

Youth Camp

For girls entering gr: 3, 4, 5, 6

This camp is designed to introduce volleyball to the beginner volleyball player. Skills will be introduced and practiced through this 4-day camp.

TIME: 11:00-1:30

Location:

Geneva High School on
June 10-13



Above: Some camp coaches from last year's camp!

- **COST: \$60.00**
- **Make checks payable to: Geneva Schools**
- **Registration Due: June 5th**
- **Send registration & payment to:**

Annah Haeseler
Geneva Middle School
839 Sherman Street
Geneva, Ohio 44041

Questions:
annah.haeseler@genevaschools.org

YOU WILL RECEIVE:

Instruction of volleyball
Valuable drill practice
Competition, T-shirt
FUNFUNFUN

CAMP STAFF:

Geneva Head Volleyball
Coach, coaching staff,
student athletes.

**SPACE IS LIMITED, SO
REGISTER EARLY!!**

Medical Waiver

- I hereby authorize the Coaches/Directors of the Geneva Girls Volleyball Camp to act for me according to their best judgment in an emergency requiring medical attention.
- I hereby waive and release the Geneva Girls Volleyball Camp and their representatives.
- I know of no medical or physical problems that may affect my child's ability to safely participate in this camp.
- I will be responsible for any medical or other charges in connection with her attendance at camp.
- I have read the rules and regulations of the camp, and both the camper and I agree to abide by them.
- Signatures are required on this flyer!