



2016 OAKTON HIGH SCHOOL VOLLEYBALL CAMP



27 June 16 – 01 July 16

6 pm – 9 pm

RISING 6th THROUGH RISING 9th GRADERS

CAMP INFORMATION

COST: \$90.00

LOCATION: OAKTON HIGH SCHOOL MAIN GYM

CAMP DIRECTORS: DAN COURAIN, OAKTON HS VOLLEYBALL, HEAD VARSITY COACH
RICK DUNETZ, OAKTON HS VOLLEYBALL, HEAD FRESHMAN COACH
LUCY BAWIEC, OAKTON HS VOLLEYBALL, ASSISTANT VARSITY COACH

ELIGIBILITY: RISING 6th THROUGH RISING 9th GRADERS
INTERMEDIATE/ADVANCED LEVEL CAMP, CAMPERS SHOULD HAVE SOME
VOLLEYBALL EXPERIENCE

DEADLINES FOR SIGN UP: 01 JUNE 2016

If you are interested in signing up after the deadline please contact the camp director.

ABOUT THE CAMP

Oakton HS volleyball camps focus on developing technique through repetition and game like situations. Our goal is to provide a fun environment and prepare campers to play at the high school level. Campers will be taught by coaches with experience coaching at the high school level and travel volleyball in the area and current student athletes at Oakton High School.

The camp is limited to 48 players to ensure each camper gets maximum individual attention.

WHAT TO BRING

Volleyball or court shoes, socks, knee pads, gym shorts or spandex short, t-shirt, water bottle. Any questions please contact the camp director listed below.

CAMP DIRECTOR

Coach Dan Courain has been at Oakton High School for six seasons, has led the school to the two Concorde Conference championships, and was the 2015 Concorde Conference Coach of the Year. Coach Courain coached NVVA's highest level travel teams for the 14s, 16s, and 17s ages and has college experience as the girls volleyball team manager at the University of Virginia.

Contact Information: Dan Courain djcourain@fcps.edu 703-850-6578 (mobile)

VOLLEYBALL CAMP REGISTRATION (PLEASE PRINT LEGIBLY)

Make checks payable to: Oakton Athletics Booster Club

(Comment section – Please write camper’s name and “Volleyball Camp”)

Send completed registrations to: Oakton High School, Attn: Student Activities Volleyball Camp
2900 Sutton Road, Vienna, VA 22181

PLAYERS NAME: _____

AMOUNT ENCLOSED: _____ (\$90.00 for the camp)

ADDRESS: _____

HOME PHONE: _____ CELL: _____

EMERGENCY CONTACT NUMBER: _____

EMAIL: _____

GRADE (STARTING FALL 2016): _____

All participants must have their own health insurance coverage. The camp does not assume responsibility for illness or injuries sustained during camp. The camp is not responsible for lost valuables or money: please keep this in mind while preparing for camps.

My child has a physical examination within the last calendar year and is physically fit to participate in all camp activities. In the event of illness or injury requiring medical attention and I cannot be contacted at the phone number(s) listed, I hereby authorize the camp directors to act for me according to their best judgment. I relieve the Camp of any responsibility for any illness or injuries that may occur.

SIGNATURE OR PARENT / GUARDIAN: _____

HEALTH INSURANCE COMPANY: _____

POLICY #: _____

ADULT T-SHIRT SIZE: S M L XL