





# Peoria High School Youth Volleyball Camp

 This camp is for students 5<sup>th</sup> grade through incoming Freshman who want to learn or improve their skills in volleyball. (Girls and Boys are both welcome)  
Spots are limited to 90 campers.

 **Skills Covered:** Passing, Setting, Hitting, Serving, Blocking, and Defense. Campers will participate in activities, drills, and game competitions to improve their volleyball game.

**Date:** June 10<sup>th</sup> – 13<sup>th</sup>, 2013

**Time:** 1pm – 4pm

**Where:** Peoria High School: Practice Gym

**Cost:** \$65 at the door

Each Camper will receive a camp T-Shirt

**\*\*\* We are Having a Pre-Registration Date on Monday May 6<sup>th</sup>  
from 5:00pm – 6:00 pm for \$50 at Peoria High School's Practice Gym.\*\*\***

 Requirements for Registration: Registration form and camp fee.

Mail to: Peoria High School  
ATTN to: Teresa Fuller Girl Volleyball  
11200 N. 83 Ave  
Peoria, AZ 85345

\*Checks may be payable to **Peoria High School Volleyball**\*

Contact Teresa Fuller for more information: (623) 486-6300  
[tfuller@peoriaud.k12.az.us](mailto:tfuller@peoriaud.k12.az.us) or [tfuller@pusd11.org](mailto:tfuller@pusd11.org)

Consent for Emergency Care Form

It is known that I, the undersigned parent or guardian of the below named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or cure to said athlete as in the judgment of said doctor or hospital, may be required, on an emergency basis in the event said athlete should be injured or stricken ill while participating in the PHS summer volleyball camp. It is hereby understood that personal insurance or the parent or guardian of the athlete will pay for any expenses incurred. Payment of the expenses is not a school or its employee's responsibility.

Student Name (Printed): \_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent email: \_\_\_\_\_

Student Shirt Size in Adult: Small Medium Large X-Large

School Attending \_\_\_\_\_ Grade Level \_\_\_\_\_

Volleyball Experience: (Circle all that apply)

Home School # of seasons \_\_\_\_\_ City League # of seasons \_\_\_\_\_ Club # of seasons \_\_\_\_\_ Camps \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Emergency Contact #1

\_\_\_\_\_  
Name Phone number Relation

Emergency Contact #2

\_\_\_\_\_  
Name Phone number Relation