

**Who:** Incoming 2<sup>nd</sup> – 9<sup>th</sup> girls

**When:** July 16<sup>th</sup> – 18<sup>th</sup> (M–W)

1:00PM – 4:00PM

**Where:** Arena

**Cost:** \$50.00/Pre-registered

\$55.00/Register

@ Door

Post Summer Volleyball Camps goal is to provide a positive and fun experience for all players. We aim to introduce the fundamentals of the game as well as competition and games. Campers will work on the following:

Passing	Setting
Hitting	Serving
Fundamentals	5/1 & 6/2 Offense
Serve Receive	Blocking
Defense	6 on 6

## Awards

(For Each Grade Level)

*Serving %*

*Pass to target %*

*Spiking %*

*3 on 3 Queen of the Court*

*Individual Awards*

## What to Wear

*Athletic Shoes*

*Tank Top or Short sleeve t-shirt*

*Shorts/Spandex*

*Kneepads*

*Hair pulled back out of face*

Athletes Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Grade for 2012-2013 \_\_\_\_\_

School child will attend for 2012-2013  
\_\_\_\_\_

T-shirt size:

YS    YM    YL    S    M    L    XL

Parents' Release and Indemnity Agreement:

We (or I), hereby request that you accept the application for the enrollment of: \_\_\_\_\_

In the 2012 Post High School Volleyball Camp on the dates set forth in this application, and in consideration of your acceptance of the application, we (or I) hereby release the Post High School Volleyball Camp and all their employees and agents from all claims on account of any injuries which may be sustained by our (or my) child while attending the Volleyball Camp, and its employees and agents for any claim which may be hereafter presented by our (or my) child. Parent/Guardian Signature:

Date: \_\_\_\_\_

*Please make Checks payable to:*

Charlyn Hohman

*Your child may turn in the*

*Admin office: Kelli Berry*

*OR*

*Coaches Office : Coach Smith*

*OR*

*Mail the Registration/Fee to:*

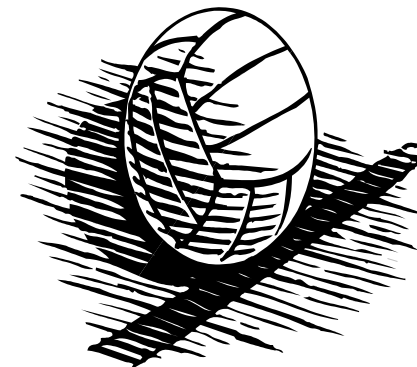
Post ISD

C/O Charlyn Hohman

501 South Ave. K

Post, TX 79356

*Post*



**2012**

*Summer Volleyball Camp*

**EVERYBODY was once a BEGINNER!!**