

Champions Volleyball Camp: July 11th-13th



Who: Girls ages 9-14; Boys ages 9-14

Time: 9:00-5:00 5th-Incoming Freshman

Price: \$175 before Monday July 8th (late or day of registration \$225)

All camp prices include a camp T-shirt and lunch on the 11th & 12th.

(MUST be pre-registered to be guaranteed a T-shirt and lunch)

Location: Tampa Catholic Athletic Complex: 4630 N Rome Ave

Description: Champions Volleyball Camp is designed to develop both the individual skill set and team concepts. Players will be divided based on skill level in order to challenge all players and push them to perform to the best of their abilities. The main goal of this camp is to teach and develop the fundamental skills and get players comfortable and knowledgeable in a team setting so that they are prepared for their upcoming tryouts.

Saturday the 13th is tournament day (starting approx. 1:30)- all parents are welcome to attend as we play and compete in a mini all camp tournament while incorporating the skills of the week.

*****All camps open to the public so bring your friends!!!**

For detailed camp descriptions or to download a registration form, go to:
tampacatholic.org and select the girls volleyball page.

Questions?

Contact Camp Director Morgan Toney at:

(813) 870-0860 ext. 229 or mtoney@tampacatholic.org

2019 Champions Volleyball Summer Camp
Player Registration & Release of Liability

Athlete: _____ T-shirt size: _____

Champions Volleyball Camp: July 11th-13th

Camp Fee: \$175 by Monday July 8th (late registration: \$225)

Address: _____

City: _____ Zip Code: _____

School: _____ Position: _____

Telephone: _____ Age/Grade: _____

Parent or Guardian: _____

Emergency Contact #: _____

Email- Parent: _____ Player: _____

Pertinent Medical Information: _____

In the unlikely event of injury, and I cannot be reached, I hereby give my consent for my child to receive emergency medical care

Parent Signature: _____ Date: _____

I hereby request and give permission for my youth to participate in the 2019 Champions Volleyball Camp. I understand and assume the risks inherent with this event and I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, on behalf of my youth named above, do hereby release, consent not to sue, and save harmless: The Most Rev. Gregory Parkes, Bishop of the Diocese of St. Petersburg, Tampa Catholic High School, Bible Based Fellowship Church, Morgan Toney, TC Volleyball or any of the employees, agents and volunteers for the event, from any and all claims of any and all harm arising to my youth as a result of their participation in the event.

Parent Signature: _____ Date: _____

Please complete this form for each participant of the 2019 Champions Volleyball Camp and return along with the registration fee to:

Champions Volleyball: Morgan Toney

4630 N. Rome Ave.

Tampa, FL 33603

Amount: \$ _____

Please make checks payable to: Morgan Toney