

## Champions Volleyball Camp: July 19<sup>th</sup>-21<sup>st</sup>



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

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

**Price:** \$150 before Monday July 16<sup>th</sup> (late or day of registration \$200)

All camp prices include a camp T-shirt

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

**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 21<sup>st</sup> 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. 213 or [mtoney@tampacatholic.org](mailto:mtoney@tampacatholic.org)

2018 Champions Volleyball Summer Camp

Player Registration & Release of Liability

Athlete: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Champions Volleyball Camp: July 19<sup>th</sup>-21<sup>st</sup>

Camp Fee: \$150 by Monday July 16<sup>th</sup> (late registration: \$200)

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 2018 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 2018 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