

# 2021 OUTLAW VOLLEYBALL CLUB FALL CAMPS

Hosted at 301 Hoxie St, Coupland, TX

## Day Camp Dates:

Nov 21, 28, Dec 5

Any middle school or beginning volleyball student/athletes

Time: 5:00 PM to 7:00 PM

**Fee:** Camp - \$50.00 *Includes Comprehensive Volleyball Training; Speed and Conditioning Development; Skills Training. Please make checks payable to: OUTLAW VOLLEYBALL CLUB or you can pay online at [www.outlawvolleyball.org](http://www.outlawvolleyball.org) via the donations tab at the bottom of the home page.*

## Camp goals

1. Provide **a positive learning experience** for each student/athlete.
2. **Demand EXCELLENCE while building confidence** in each student/athlete.
3. **Improve** physically in Speed and Core Strength.
4. **To teach the most current strategies** that will allow each student/athlete to excel in competition situations.

## Daily Equipment Needs:

- Proper volleyball work out apparel along with extra T-shirt and towel
- Volleyball court shoes
- Knee pads
- Water bottle and snacks
- Emergency contact numbers
- POSITIVE LEARNING ATTITUDE!

## Registration Form:

Name: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mom work phone \_\_\_\_\_ Cell \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Dad work phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Grade in Fall of 2021 \_\_\_\_\_ Position \_\_\_\_\_ Hand \_\_\_\_\_

Policy number: \_\_\_\_\_

School: \_\_\_\_\_

Years played: \_\_\_\_\_ # of camps attended \_\_\_\_\_

## WAIVER \* PROOF OF INSURANCE

I, \_\_\_\_\_ hereby authorize the camp staff to act for me, according to their best judgment, in any emergency requiring medical attention and hereby waive and release Outlaw Volleyball Club Summer Camp staff from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any medical problems or physical impairment that would affect \_\_\_\_\_ (print camper name) to safely participate in the camp program. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury.

I acknowledge that I have read and understand the waiver policies.

MAIL TO: or email at [outlawvbc@att.net](mailto:outlawvbc@att.net)

Signature: \_\_\_\_\_

Outlaw Volleyball Club

Relationship: \_\_\_\_\_

7403 Grover Ave

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

Austin TX 78757