

2022 OUTLAW VOLLEYBALL CLUB FALL CAMP

Hosted at 301 Hoxie St, Coupland, TX

Day Camp Dates: There are 6 sessions in this camp on Sundays

Oct 9 – Nov 13 Any elementary grade 1-3

Any elementary grade 4-6

There will be a limit of 20 campers per time slot

Time: 1:00 PM to 2:15 PM

Time: 2:15 PM to 3:30 PM

Please circle one time slot.

Fee: Camp - \$75.00 *Includes Comprehensive Volleyball Training; Speed and Conditioning Development; Skills Training. Depending on number of camper we will have a tournament on the last two dates. Each camper will receive a camp t-shirt. **Please make checks payable to: OUTLAW VOLLEYBALL CLUB or you can pay online at 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 _____

T-Shirt Size: Youth – XS S M L Adult – XS S M L XL

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

Signature: _____

Outlaw Volleyball Club

Relationship: _____

7403 Grover Ave

Date: _____

Austin TX 78757