



2022 Girls Volleyball Camps



Hosted by the 2021 Commonwealth District and Region 6B Champions

CAMP OBJECTIVE:

The purpose of the camp is to build, develop, and foster both individual and team work skills. Players will be grouped according to age, size, and ability in order to focus on the appropriate fundamental skills. A positive coaching approach will be emphasized to instill growth and a passion for the game. **The Program** is for more experienced players that are wanting a fun week of all-skills camp, but younger and newer players will be put on a court together to learn the fundamental skills of volleyball!

AGES:

“The Program” - Open to ages 10 - 17

DATES AND TIME:

July 18th - 22nd, 2022 9:00 am - 3:00 pm

COST:

\$150

CLINIC STAFF: Colonial Forge coaches, and varsity players.

MORE ABOUT THE CAMP:

- Each camper will participate in 3 on 3 competitions, 4 on 4 competitions, a team competition and a hot shot serving contest.
- Prizes will be awarded for individual and team winners for all competitions and contests.

ITEMS TO BRING:

- Water bottle (labeled)
- Lunch (peanut-free)
- Volleyball Gear (knee pads, athletic shoes and shorts)

RULES:

Campers will not be permitted to leave the school campus during the session, unless released to a parent/guardian and signed out with the camp director. Use of tobacco products, illegal drugs and/or alcoholic beverages on school property is strictly prohibited and will result in dismissal from camp without a refund of the camp registration fee.



2022 Girls Volleyball Camps Registration Form

Camper 1 Name: _____ Camper's Age: _____

Please provide contact information:

Cell Phone #: _____

Email Address: _____

School Currently Attending: _____ Grade 2022-23: _____

Experience (HS/Middle school/Travel): _____

T-shirt Size: _____ (please indicate adult or kids size)

Please **CIRCLE** which placement for your athlete:

1. Rising 9th or 10th with 2 year of middle school and HS or club
2. Rising 7th, 8th, 9th, 10th with middle or travel experience
3. Beginner just learning the sport or 1-2 camp experience

***Please make all checks payable to: Colonial Forge High School Girls Volleyball**

Amount enclosed: \$ _____ check or cash

Please write separate checks for multiple children

Emergency Information:

Contact Person: _____

Phone Number: _____

Email: _____

Waiver & Medical Consent

Any health concerns/considerations that the Colonial Forge High School Camp Staff should be aware of:

(Select which applies) _____ YES _____ NO If so, please explain: _____

WAIVER

In consideration of my application being accepted, I, intending to be legally bound, for myself, my executors and administrators, waive and release and forever discharge any and all rights and claims for damages which I may have hereafter accrue to me against Camp Coaches or Staff or the Stafford County School Board. I waive all claims against Stafford County employees and administrators or its respective officers, agents, representatives, successors, and/or assigned camp staff, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in and/or rising out of my travel to the Colonial Forge High School Camp to participate on the campus of Colonial Forge High School. I, the parent/guardian of _____ do hereby agree to the above waiver and release.

Parent/Guardian Signature: _____

Date: _____

MEDICAL CONSENT

Camper's Name _____ Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray exam and immunizations for the above named camper. In the event of a serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made to contact me in the most expeditious way possible. If said physician is not able to communicate with me, my signature authorizes the treatment necessary for the best interest of the above named child. In the event that an emergency arises during the camp session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the camp staff and rescue squad to provide the needed medical treatment to the camper prior to their admission to any medical facilities. Name of Family Physician _____

Parent/Guardian Signature: _____

Date: _____

Please send Registration Form & Fee to:

ATT: Courtney Hempe Colonial Forge Volleyball
550 Courthouse Road
Stafford, VA 22554

Phone: 703-862-1782
Fax: 540-658-6120
Email: hempecf@staffordschools.net