

TBCA GIRLS VOLLEYBALL CAMP

For rising 5th-8th graders



CAMP DATES:

June 17-21

Monday 9am-12pm

Tuesday 9am-12pm

Wednesday - No Camp Session due to Juneteenth Holiday

Thursday 9am-12pm

Friday 9am-12pm

Camp will be held in the TBCA Main Gym

Early Registration \$65

After June 7th cost will be \$85

Price includes: a camp t-shirt

**Checks should be made out to: Triad Baptist Christian Academy, Memo: Volleyball Camp*

DETAILS:

The volleyball camp will focus on the fundamentals of volleyball such as serving, bump, set stance, blocking, net play. Instruction will also include team strategy, defensive positioning, and incorporating the 3-hit rule. Team play and working with others through various games will be an important part of the camp. Our TBCA Soccer coaching staff along with current players and alumni will be directing the camp.

Camp Theme:

"Play to Win"



For more information, contact:

Athletic Director Jeff Bagent at jeff.bagent@tbcanow.org, or
Athletics Office at 336-996-7573, Ext. 127

"Registrations can be mailed to:"

1175 S. Main Street, Kernersville, NC 27284

"PLAY TO WIN"



APPLICATION:

Please cut and return the application form, money and permission sheet to the office at Triad Baptist Christian Academy.

Camper Name: _____ Age: _____

Has the child ever played on a team? _____ Grade Entering: _____

Parents Name & Phone: _____ (____) _____ - _____

Email: _____

T-Shirt Size (Circle One) YS YM YL AS AM AL XL

WAIVER AND RELEASE OF LIABILITY:

As parent(s) or legal guardian(s), we(I), do hereby release, and agree to hold harmless the TBCA Volleyball Camp and its host school and the directors thereof from any and all liability, claims, or demands for personal injury, as well as property damage and expenses, of any nature, whatsoever which may be incurred by undersigned and the child participant that occur while said child is participating in the Volleyball camp. We also grant our permission for him/her to participate fully in the activities, and hereby authorize medical treatment, including but not limitation to emergency surgery or medical treatment, and assume all responsibility of any medical bills. In the case of an emergency, every effort will be made to contact parent/guardians immediately.

Legal Guardian: _____

Date : _____

Phone: _____