



**ST. ANNE'S ROCKETS
SUMMER 2011 VOLLEYBALL CAMP**

sponsored by
St. Anne's Booster Club

CAMP DATES:

TUESDAY, August 2, THRU FRIDAY, August 5, 2011

Attendance is limited to girls enrolled at St. Anne's for Grade 4 for 2011-2012, and for girls enrolled in Grades 5 – 8 for 2011-2012.

SCHEDULE:

Tuesday, August 2 – Saturday, August 5

7:00PM–9:00PM

All Grades will come at this time.

CAMP LOCATION:

St. Anne's Gymnasium

CAMP FEATURES:

- **St. Anne's coaching staff will run the camp.
- **Emphasis is on improving individual skills at all levels.
- **Individual instructions and drills.
- **Supervised games.
- **Camp tee shirts for all participants.
- **Individual awards and prizes.
- ** Closing Pizza Party.



ROCKETS' VOLLEYBALL SUMMER 2011 CAMP APPLICATION

Name: _____

Boy () Girl () Age as of 7/1/11: _____ Grade entering in fall 2011: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

CAMP FEE: Grades 4– 8: \$25.00 for 1 child, \$45.00 for 2 children, \$60.00 for 3 or more children.

() I am enclosing the Camp fee (checks payable to St. Anne's Booster Club).

() I will pay Camp fee at check in.

APPLICATION MUST BE MAILED BY Tuesday, July 26, 2011

MAIL APPLICATION TO: ROCKETS VOLLEYBALL CAMP
c/o Eddie Navarro
7940 Oak St.
Arvada, Colorado 80005

NOTE: Registration at the door will be accepted but only on a space-available basis. Please try to pre-register so everyone can be accommodated.

QUESTIONS? Please call Eddie Navarro 303-420-6845.

COACHES NEEDED! Please call Eddie at the number listed above if you are interested in being a camp coach.

CONSENT AND RELEASE

This is to certify that _____, (birth date _____) has my permission to participate in the Rockets Volleyball Camp. I understand that participation will involve vigorous activity and that any participation in practice or games related to the type of sport activity might cause an injury to my child.

Should my child be injured, please notify me at _____.

If I cannot be reached, please call _____ at _____
(relation to child _____).

Physician's Name: _____

Address: _____ Phone: _____

Are there any special facts or medical limitations about your child that we should know (i.e., asthmatic, diabetic, allergic, etc.)? Please specify: _____

The financial responsibility for securing care of athletic injuries is a matter between the parent and the treating health care professional or hospital of the parents' selection. Shrine of St. Anne's School, Booster Club, or individual who may be associated with these groups, do not assume any financial responsibility for the treatment of any injuries that might occur as a result of participation in this volleyball camp.

Signature of Parent or Guardian: _____ Date: _____