



MARIST VOLLEYBALL CAMP

Presented by

Marist Catholic High School

Volleyball Coaching Staff

“WE ARE ONE”

July 5th – 8th

Tuesday through Friday

Session I (6th – 10th Grade)

8:30 – 11:30 All skills/game like drills

**Break (bring food) or released to go home if not attending
afternoon session.**

**Specialty Sessions in afternoon for campers that want to work on specific
positions/skills**

(included in the cost)

12:00pm – 2:00pm

Hitting/Blocking, Setting, First Contact/Serving

Shari Pimental Camp Director: (541)913-3376

CAMP STRUCTURE

- ALL CAMPERS SHOULD PRE-REGISTER
- CAMPERS WILL BE PLACED INTO GROUPS BY SKILL FIRST AND THEN GRADE LEVEL.
- CAMPERS MUST BRING THEIR OWN WATER BOTTLE FOR THE DAY.
- CHECK IN WILL BE IN THE ACTIVITY CENTER.
- CAMPERS WILL SIGN IN EACH SESSION
- BATHROOMS WILL BE AVAILABLE
- THE LOCKER ROOM WILL NOT BE AVAILABLE
- BALLS, EQUIPMENT AND AREA WILL BE DISINFECTED AFTER EACH SESSION

EQUIPMENT REQUIRED

- Please wear tennis shoes, shorts, and T-shirt, knee pads. **No Tank tops**
- Bring a water bottle for water breaks. **No jewelry.**
- Food if staying for the afternoon session

Camp Fees

Session I – 6th – 10th Grade Specialty Sessions included in the cost

- \$90.00
- Register by June 17, 2022

Make Checks Payable to:

Marist Volleyball Camp
C/O Coach Pimental
707 Janus St.
Springfield, Or 97477

Any questions please email Coach Pimental at spimental@marisths.org

MARIST VOLLEYBALL CAMP APPLICATION 2022

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (home)

Phone _____ (emergency contact)

Parent Email Information for confirmation:

Session I Specialty Sessions (included in the price)

Grade fall 2022 _____ School to attend 2022 _____

T-SHIRT

Please indicate **adult** T-shirt size below:

- X-Small/Youth Large X-Large
 Small
 Medium
 Large

Player's Health Information

Allergies _____

Regular medication _____

Chronic Condition (i.e. asthma) _____

Birth Date ___/___/___ Recent Tetanus shot ___/___/___
mo / day / yr mo / day / yr

Read this agreement carefully & sign below.

1. I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child, if I cannot be reached in an emergency.
2. I agree that neither I, nor my child, will bring any claims of any kind against Marist High School, Marist Volleyball Camp or Camp Instructors, Operators, or Sponsors as a result of any injuries, expenses or damages that I, or my child, may suffer in connection with my child's participation in the Camp, whether such claims are known or unknown or arise in the future.
3. I agree that the Camp retains the rights to use photos taken as well as any other images of campers at the Camp for advertising and publicity purposes only.
4. I understand that no one is authorized by Marist Volleyball Camp or anyone else associated with the Camp to alter, modify, or waive any of the terms of this agreement in any way.

Signature: _____ Date: _____ Phone: _____

Medical Ins. Co.: _____ I.D. Number: _____

Family Physician Name: _____ Physician Phone Number: _____