



# MARIST VOLLEYBALL CAMP

Presented by

**Marist Catholic High School Volleyball Coaching Staff**

**“WE ARE ONE”**

**July 17<sup>th</sup> – July 20<sup>th</sup>**  
Monday through Thursday

**Session I** (6<sup>th</sup> – 10<sup>th</sup> 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 – 6<sup>th</sup> – 10<sup>th</sup> Grade Specialty Sessions included in the cost**

- \$90.00
- Register by July 8, 2023
- **Make Checks Payable to: Marist High School, C/O Coach Pimental, 707 Janus St. Springfield, Or 97477**
- Any questions please email Coach Pimental at [spimental@marisths.org](mailto: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 2023 \_\_\_\_\_ School to attend 2023 \_\_\_\_\_

### **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

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: \_\_\_\_\_