



**MARIST
VOLLEYBALL CAMP**
PRESENTED BY
Marist Catholic High School

Volleyball Coaching Staff

“WE ARE ONE”

July 14th – July 17th
Monday through Thursday

Session I (6th – 10th Grade)

8:30 – 11:30 Monday through Wednesday – Thursday camp hours are 8:30am – 12pm All skills/game like drills

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

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

(Included in the cost)

**12:00pm – 2:00pm Monday through Wednesday only
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 a T-shirt, and knee pads. **No Tank tops.**
- Bring a water bottle for water breaks.
- Food if staying for the afternoon session.

Camp Fees

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

- \$90.00
- Register by July 1st, 2025 -Maximum of 70 campers
- **Make Checks Payable to: Marist High School, Send payment and registration to Coach Pimental, 707 Janus St. Springfield, Or 97477.** Any questions please email Coach Pimental at spimental@marisths.org

MARIST VOLLEYBALL CAMP APPLICATION 2025

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 2025 _____ School to attend 2025 _____

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: _____