

Canyon Del Oro Volleyball



Back to School Summer Camp

All Skills Camp:

Cost: \$75

Monday, August 3 – Wednesday, August 5

4 pm – 7 pm

Location: Canyon Del Oro High School, Williams Gym

Summary of Camp:

This All Skills Volleyball Camp will cover a wide variety of skills needed to compete at a high level. Players will learn proper footwork, passing posture/technique, defense, attacking footwork and arm swing development, serving (standing float, jump float, top spin jump serve), blocking, and defensive systems. The camp will be coached by members of the CDO Volleyball staff and is meant to prepare athletes for high school volleyball tryouts. This camp is meant for current high school students and *INCOMING FRESHMEN ONLY*.

Player/Parent Informational Meeting for CDO Volleyball Players:

There will be an informational meeting after the last day of camp with the new CDO Coaching Staff. This meeting will begin at 7:15 and will end when all questions are answered.

Payment:

Players may drop off their registration form in the Athletic Office or mail them to:

12889 Meadview Way
Oro Valley, AZ 85755

Please make checks payable to: CDO Bookstore.

There will be **NO CASH REFUNDS**. I apologize for any inconvenience.

Players: Please bring appropriate shoes, kneepads, and playing gear; along with a water bottle.

If you have any questions, please email Coach Garwacki at dgarwacki09@gmail.com.

This form must be completed in order to participate in camp

Last Name _____ First Name _____

DOB ____/____/____ Age _____ Grade _____

Phone Number _____ Player Email _____

Previous Level Played: **Junior High** **Freshmen** **Junior Varsity** **Varsity**

School Currently Attending _____

Primary Contact: Parent or Guardian

Name _____ Address _____

Phone _____ Mobile Phone _____

Email Address _____

Secondary Contact: ___Parent/Guardian ___Other

Name _____ Address _____

Phone _____ Mobile Phone _____

Email Address _____

Primary Insurance Company _____

Group Policy # _____

Family Physician Name _____ Phone _____

Do you have a hospital Preference? _____ Hospital Name _____

Please elaborate on any medical conditions of which we should be aware:

Any medications currently being taken: _____

Any Allergies: _____

PARTICIPANT SIGNATURE _____

DATE _____

I, the undersigned parent/guardian of the participant named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said participant as, in the judgment of said doctor or hospital may be required on an emergency basis in the event said participant should be stricken ill or injured while participant in the clinic.

Participant, _____, has my permission to participate in the volleyball clinic activities. In case of an accident or injure, I do not hold Canyon Del Oro High School or Camp/Clinic employees responsible.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

If you have any questions please contact Coach Garwacki via email at dgarwacki09@gmail.com

Or call 520-250-6198