



# Mustang Volleyball

## Off-Season Volleyball Camp



<b>GRADE LEVEL:</b>	Boys grades 9 <sup>th</sup> -12 <sup>th</sup> to form teams from 15s to 18s	
<b>LOCATION:</b>	Dobson High School (Main Gym and Small Gym) & Mesa District Junior Highs	
<b>FOCUS:</b>	Our goal at Mustang/RIZO Volleyball is to allow younger players the opportunity to learn and improve the basic fundamentals of serving, passing, setting, and hitting.	
<b>INSTRUCTORS:</b>	All instructors are approved through the district and have extensive coaching experience.	
<b>DATES:</b>	September 4 <sup>th</sup> 2017 to December 4 <sup>th</sup> 2017	
<b>DAYS/TIMES:</b>	Mondays 7-9PM and Saturdays 1-3PM	
<b>COST:</b>	\$200 due at first tryout on 9/8/17 \$175 due 10/6/17	\$175 due 11/3/17 \$175 due 12/1/17
<b>DETAILS:</b>	Practices on Mondays and Saturdays. Tournaments on Saturdays	
<b>PAYMENT OPTIONS:</b>	Make online debit or credit payments <a href="https://mpswebpay.mpsaz.org">https://mpswebpay.mpsaz.org</a> or make payments via the Dobson High School Bookstore located at 1501 West Guadalupe Rd, Mesa, 85202.	
<b>CONTACT:</b>	AJ Whelan (480) 228-9112 or RizoVolleyballClub@gmail.com	

**REGISTER ONLINE.** <https://mpswebpay.mpsaz.org>. or submit registration below to:  
Dobson High School Bookstore - 1501 West Guadalupe Rd, Mesa, AZ 85202

Student Name:	Grade: _____
Parent/Guardian:	School: _____
Phone: (H) _____ (C) _____	Student ID#:
Email:	
Emergency Contact Name:	Shirt Size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult
Phone: (H) _____ (C) _____	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
I give permission for my child to participate in the sports program listed. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Mesa Public Schools and the school from any claim arising out of any injury to my child.	
<b>Parent Signature:</b> _____	
I give permission to photograph my child during camp participation for publicity use and/or news release. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have health conditions/concerns of which staff should be aware? If so, please explain:	

<b>PAYMENT:</b> To pay by debit card or credit card and register online at <a href="https://mpswebpay.mpsaz.org">https://mpswebpay.mpsaz.org</a> . For online payment questions call (480) 472-0118. For camp related questions, contact the coach listed above. Check # _____ Check amount \$ _____ Make checks payable to Mesa Public Schools.
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