



# 2018 SKYLINE GIRLS Summer VOLLEYBALL CAMP



Coaches are former NCAA/NJCAA Coaches that have been Arizona Coach of the Year and trained All Americans and All State Athletes. All are welcome to be trained to prepare for the Collegiate, High School, Junior High and Club levels.

**(Pre-register by June 29 to get a FREE Camp Shirt)**

<b>GRADE LEVEL:</b>	K-12 <sup>th</sup> Grade
<b>LOCATION:</b>	Skyline High School
<b>FOCUS:</b>	1 <sup>st</sup> Week All Volleyball Skills and Technique, 2 <sup>nd</sup> Week Offense, Defense, Tournament Play
<b>DAYS:</b>	Monday, Tuesday, Wednesday, Thursday
<b>DATES:</b>	1 <sup>st</sup> Week: July 23-26 2 <sup>nd</sup> Week: July 30-August 2
<b>TIME:</b>	1:00pm-2:30pm K-5 <sup>th</sup> Girls/Boys 2:30pm-4:30pm 6-8 <sup>th</sup> Girls/Boys 5:00pm-8:00pm 9-12 <sup>th</sup> Girls/Boys
<b>FEE:</b>	One Week Online: K-5 <sup>th</sup> \$50, 6-8 <sup>th</sup> \$60, 9-12 <sup>th</sup> \$70 One Week Bookstore: K-5 <sup>th</sup> \$60, 6-8 <sup>th</sup> \$70, 9-12 <sup>th</sup> \$80 Two Weeks Online: K-5 <sup>th</sup> \$95, 6-8 <sup>th</sup> \$115, 9-12 <sup>th</sup> \$135 Two Weeks Bookstore: K-5 <sup>th</sup> \$105, 6-8 <sup>th</sup> \$125, 9-12 <sup>th</sup> \$145
<b>CONTACT:</b>	Coach Vee at <a href="mailto:moltenvbc@cox.net">moltenvbc@cox.net</a> ; <a href="mailto:vkhiapo@mpsaz.org">vkhiapo@mpsaz.org</a> or 480-215-6075 (Coach Brian)

**Online Registration:** <https://mpswebpay.mpsaz.org> or

**Add \$10** for all Registrations submitted to: Skyline Bookstore 845 S. Crismon Rd. 85208-2564

Student Name:	Grade: _____
Parent/Guardian:	School: _____
Phone: (H) _____ (C) _____	Student ID#: _____
Email: _____	
Emergency Contact Name:	Week of camp: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Both
Phone: (H) _____ (C) _____	Shirt Size: <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:	

**PAYMENT:**

To pay by debit card or credit card and receive a discount, register online at <https://mpswebpay.mpsaz.org>.

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.

For office use only: Item # D1326 Q5 2018