

# KATY VOLLEYBALL CAMP NORTH

**JUNE 9-13, 2008 AT FAITH WEST IN KATY**

*(This camp is recommended but not required for anyone (grades 1-8) attending any school North of I-10 Katy Freeway.)*

**Directors:** Karen Paxton/ Lori McLaughlin/Tracie Bendele

Web Site: <http://www.orgsites.com/tx/katyvolleyballcamp/index.html>

## Sessions & Times:

**Session # 1:** 8 - 11 AM: BEGINNER Skills Camp for girls/boys entering **grade 6-7**

**Session # 2:** 8 - 11 AM: BEGINNER Skills Camp for girls/boys entering **grade 8**

**Session # 3:** 12 - 3 PM: BEGINNER Skills Camp for girls/boys entering **grades 1- 5**

**Session # 4:** 12 - 3 PM: TEAM CAMP (Tournament Play in teams for **grades 6-8**)

**Session # 5:** 3 - 4 PM: SKILLS CAMP\*

**\*Session 5 will be limited to 30 campers\***

## Camp Fee:

\$100 per session – Early Registration \$115 per session if postmarked after May 16<sup>th</sup>

\$90 per session for 2 or more family members \$105/session if postmarked after May 16<sup>th</sup>

\$50 for Session 5 Skills Camp

2 Session Discount: \$175 for attending both AM and PM sessions;

NO REFUNDS AFTER JUNE 16. Confirmation will be given by phone call or e-mail.

## Mail Form and Fee by May 16<sup>th</sup> Payable to:

KVC - NORTH, P.O. BOX #284, KATY, TX 77492

## Camp Highlights:

Skills, Fundamentals, Game Strategies, Team Camp, Tournament Play (3 on 3, 6 on 6), Skills Camp (M-Serving, Tues.-Passing, Thurs.-Hitting, F-Defense), Medical Trainer on Site, T-Shirt (one per camper), Concession Stand and Web Site.

For more information, call Lori McLaughlin at 281-684-4989

or Karen Paxton at 630-865-4067

Cut here and mail form below

## ~~~~~ KATY VOLLEYBALL CAMP – NORTH REGISTRATION FORM - 2008 ~~~~~

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_ **T-Shirts:** Youth sizes: **Sm.** \_\_\_\_ **Med.** \_\_\_\_ **Lg.** \_\_\_\_  
Adult sizes: **Sm.** \_\_\_\_ **Med.** \_\_\_\_ **Lg.** \_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent E- Mail Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Grade Next School Year in 2008-09:** \_\_\_\_\_ **Name of School in 2008-09:** \_\_\_\_\_  
**I DO give** \_\_\_\_\_ **DO NOT give** \_\_\_\_\_ **the Katy Volleyball Camp- North permission to use my child's picture on camp web site or newspaper publications. (Initials Required)**

## CIRCLE SESSION ATTENDING:

**Session # 1** (Beginner incoming 6-7) **8 - 11 AM**

**Session # 3** (Beginner incoming 1<sup>st</sup> – 5<sup>th</sup> grade) **12 – 3 PM**

**Session # 2** (Beginner incoming 8) **8 - 11 AM**

**Session # 4** **TEAM CAMP: (Incoming 6 – 8<sup>th</sup> grade) 12 – 3 PM**  
**\*\*\*LIST PLAYERS ON BACK OF FORM**

**Session # 5** (Skills Camp) **3-4 PM**

## RELEASE OF LIABILITY

I, as a parent or guardian, hereby give my permission for my child to participate in Katy Volleyball Camp North 2007 and acknowledge that he/she is physically able to participate. I hereby give Katy Camp Personnel permission to treat my child in case of an emergency requiring medical attention. I hereby waive any claim I might have against the Katy Volleyball Camp North and Faith West Inc.

**SIGNATURE OF PARENT:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This organization and its activities are not sponsored by the Katv ISD.