

# GARDNER-WEBB

## VOLLEYBALL 2018 SATELLITE CAMPS

### CAMP INFORMATION

Summer 2018

#### **COST:**

For location, costs, and dates, please see your site coordinator.

#### **DISCOUNTS:**

Child of GWU faculty/staff: \$25

#### **REGISTRATION DEADLINES AND LATE FEES:**

Regular registration/deposit: April 1-May 31  
Late registration/deposit (add \$25 late fee): June 1-June 30

This camp is designed for students entering grades 9-12. The camp offers instruction and training in the skills and techniques of passing, setting, serving, attacking, blocking, and floor defense. Emphasis is placed on developing court movement, ball control, as well as game competition. A variety of drills, games, and competition will be used to put these techniques into practice.

Campers will be divided onto courts by skill level, age, and experience, which will provide the appropriate learning environment.

### FOR MORE INFORMATION

GWU Head Coach Leo Sayles  
(704) 406-4736  
lsayles@gardner-webb.edu

### REGISTRATION FORM

NAME: \_\_\_\_\_ CAMP ATTENDING: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMERGENCY DAY PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
T-SHIRT SIZE: \_\_\_\_\_ GRADE (FALL 2018): \_\_\_\_\_

#### **PARENT/GUARDIAN CONSENT:**

I hereby release Leo Sayles, Gardner-Webb University, and camp staff members from any and all liability for any kind of personal injury or property damage due to participation in this camp. I certify that my child/ward is in good health and is able to participate in all activities. If any attention is required for illness or injury, I authorize a camp or facility staff member to obtain immediate medical care and give consent to the hospitalization of, or performance of necessary testing, surgery or administration of drugs to the child/ward above, in the event that a parent/guardian cannot be contacted.

I give consent for my child to be photographed or videotaped and for those images to be used in future camp promotions.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
INSURANCE CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_