

Archbishop Wood Lady Vikings Volleyball

Susan Kim

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Summer Volleyball Camp 2010

Website: www.woodvolleyball.com

Mission

To provide young players with sound fundamental skills, develop proper techniques for self improvement, and a greater understanding of the game. Players of all levels and positions are encouraged to attend the camp. Players will be grouped by skill level for an individual development experience where one can maximize his/her potential and improve to the next level of play.

Camp Location

Archbishop Wood High School
South Gym
655 York Road
Warminster, PA 18974

Instructors' Backgrounds

Camp Director – Susan Kim

- **Club Director/Head Coach** – Infinity Volleyball Academy
- **Head Coach** – Archbishop Wood High School
- **Past Experience** – Council Rock South Girls Volleyball, Del-Val Volleyball Club, BuxMont Volleyball Club

Camp Director – Eric Headley

- **Club Director/Head Coach** – Infinity Volleyball Academy
- **Assistant Coach** – Haverford College
- **Past Experience** – Central Bucks East Girls Volleyball, Del-Val Volleyball Club

Staff – players from:

- Archbishop Wood Girls Volleyball
- Infinity Volleyball Academy

Fee

\$125/camper
Grades 4-8 (entering this fall)

¹ If registration is received by Friday, July 9, receive a FREE camp t-shirt in your size!

Camp Time and Dates

Monday, July 26 – Thursday, July 29
5:00pm – 8:00pm

Limited Spots!

We will be limiting the number of players accepted into this camp for quality instruction.

Player's Name: _____ T-Shirt Size: XS S M L XL
(circle one)

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Playing Experience: _____
(# of years and where)

School Name: _____ Grade This Fall: _____

I hereby authorize the directors and staff at Archbishop Wood Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Camp, Archbishop Wood High School, its members, directors, and staff from any and all liability for any injuries or illnesses incurred while at Camp. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the camp program. I also understand the Camp retains the rights to use for publicity and advertising purposes photographs of players taken at Camp.

Parents' Names: _____ Phone Number: _____

Parent's Signature: _____ Date: _____

Player's Medical Insurance Company: _____ Identification #: _____

Emergency Contact: _____ Phone Number: _____

Makes checks payable to **Archbishop Wood**
and mail payment along with completed form to:
Archbishop Wood Volleyball Camp
c/o Susan Kim
600 Valley Road Apt. B43
Warrington, PA 18976

Official Use Only:

Paid: Y N Check #: _____

Amount: \$ _____

Received: _____