

Coed Volleyball Skills Camp at Our Lady of the Sacred Heart High School

About the camp:

The camp will consist of proper warm-ups and cool downs, fundamental skills, lecture and playing time. The camp dates are as follows:

Entering 5th - 8th grade Coed Camp: Mon., Tues., Wed., & Thurs. June 23, 24, 25, & 26 from 9am–12noon

Cost: \$60 (\$70 after the registration deadline and camp T-shirt will not be available after the registration deadline)

Location: Our Lady of the Sacred Heart High School Gymnasium (Angela Activities Center)

Campers will need to wear comfortable clothing, good athletic shoes, kneepads (required) and bring an extra shirt, socks and water bottle.

Coaching Staff:

The camp will be staffed by Michael and Susan McDonald as the main clinicians. Both are coaches of the St. Philip girls and boys volleyball teams. In addition, Michael is the head girls and boys volleyball coach at Our Lady of the Sacred Heart High School. He played at Montour High School and at Edinboro University. He coached several boys' Junior Olympic volleyball teams in the recent past. Susan played at Richland High School (Johnstown) and at the University of Pittsburgh. She was the Assistant Coach at Pitt for four years, was the 12 & under coach for the Pittsburgh 3-Rivers Junior Olympic Volleyball Club, and currently is the assistant coach at Our Lady of the Sacred Heart High School.

Registration:

To enroll in the camp, a parent or guardian should complete all registration forms and send them, with full payment, to Mike or Susan McDonald at 229 Clubside Drive, Coraopolis, PA 15108. Forms and payment should be postmarked no later than **June 13, 2008** (**cost will be \$70** after this date and a camp T-shirt will not be available). Make checks payable to: Susan McDonald. Refunds can be sent back promptly if the camp is full. If you have any questions, you may call Mike or Susan at (412) 269-1408.

Medical Insurance:

Our Lady of the Sacred Heart High School does not provide medical insurance for campers. Please make sure to completely fill out the medical insurance form attached and send it with your payment. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used.

Application

(please print)

Name _____ male _____ female _____ Home phone: _____

Birth Date: _____ Age _____ Adult T-shirt size _____ School attends: _____

Home Address _____ Grade in the fall _____

City _____ State _____ Zip Code _____

Mother's/Guardian's Full Name _____

Daytime Phone _____ Home Phone _____ Cell Phone _____

Father's/Guardian's Full Name _____

Daytime Phone _____ Home Phone _____ Cell Phone _____

Emergency Health Form

(please print)

Name _____ Home Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Mother's/Guardian's Full Name _____

Daytime Phone _____ Home Phone _____

Father's/Guardian's Full Name _____

Daytime Phone _____ Home Phone _____

Name of Emergency Contact _____ Phone # _____

Name of Family Physician _____ Phone # _____

Insurance Company _____

Policy Subscriber's Name _____

Policy Number _____ Group Number _____

Hospital Preference _____

Date of most recent tetanus immunization _____

Release

I, the undersigned, individually and as a parent(s) and guardian(s) of _____, a minor, ask that she be admitted to participate in this sports camp. In consideration of such admission, I do hereby agree release, discharge, and hold harmless Our Lady of the Sacred Heart High School, its officers, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sports camp or in the course of competition and/or activities held in connection with the sport camp.

Parent's/Guardian's signature _____ date _____