John Carroll Catholic High School
Volleyball Camp
Date: July25th-29th

Session I-Basic Skills Camp
K to 6th
9:00 a.m. – 12:00 p.m.
$100 per camper (Includes Camp T-shirt)

This session is designed to develop the Basic Fundamental skills of: Serving, Passing, Setting, Hitting and Defense.

Session II-Team Skills/Team Play
7th to 8th/9th to 12th Grade
1:30 p.m. – 4:30 p.m.
$100 per camper (Includes Camp T-shirt)

This session is designed to develop all areas of Team Play: Serve Receive, Positioning, Transition and Defense and Offense.

Facilities

Volleyball Camp is conducted in the air conditioned gymnasium located on the campus of John Carroll

What to Bring

Campers should be prepared daily for competition, complete with t-shirt, shorts, socks, knee pads and volleyball shoes. You may want to bring extra money for the concession stand.

Staff

The Volleyball Camp will be directed by **Nancy Hopper**, Head Volleyball Coach at John Carroll Catholic High School. Coach Hopper is a John Carroll High School Graduate and is in her 8th year as Head Coach. She started on the team that won 3 State Championships. From there she attended IRCC for 2 years on a full athletic scholarship. She then transferred to Florida Southern on a full athletic scholarship and was awarded most valuable player for the Sunshine State Conference. She has a Masters Degree in Counseling and a minor in Physical Education.

Coach Hopper will be assisted by her current high school coaching staff and visiting coaches.

Questions

If you have any questions regarding camp Contact: Coach Hopper 519-6747

John Carroll Catholic High School
Volleyball Camp (July 25th-27th, 2011)
Registration Form

Name of Student: _____Grade: _____Shirt Size: _____

Mailing Address: _____City: _____Zip: _____

Parents/Guardians Name: _____Home Phone: _____

Emergency Day Phone: _____ Contact Person: _____

Attending: Session 1-Basic Skills Camp: _____ Session II-Team Skills Camp: _____
$100-Includes T-Shirt) _____ $100-Includes T-Shirt) _____

We (parent/guardian) agree to provide medical insurance for our child during camp. In the absence of such insurance we relinquish any claims for compensation insofar as JCHS and its employees are concerned, and understand the inherent risk of physical injury in volleyball participation.

Parent/Guardian Signature: _____Date: _____

Send Your Registration Form to:
Coach Nancy Hopper
3402 Delaware Ave.
Fort Pierce, Fl 34947

Please make Checks payable to: John Carroll High School