

# Saint Mary's High School Volleyball Camps 2019

**Camp 1: June 10 - 12**

**Setters Camp 12:30 pm - 3:00 pm**  
**Players entering grades 6-12 Fall '19**  
**\$175**

**Camp 2: June 13 -14**

**Attack Camp 10:00 am - 12:00 pm**  
**Players entering grades 6-12 in Fall '19**  
**\$150**

**Camp 3: June 10-12 & 14**

**High School Prep Camp 4:00 pm - 6:00 pm**  
**All athletes grades 9-12 in Fall '19 trying out**  
**for a team need to attend.**  
**\$150**

**Camp 4: June 17-19**

**All Skills Camp 8:30 am - 11:00 am**  
**Players entering 3-6 Fall '19**  
**\$200**

**Camp 5: June 17-19**

**All Skills Camp 12:00 pm - 2:30 pm**  
**Players entering grades 7-12 in Fall '19**  
**\$200**

**\*\* \$20 Discount**  
**If you register**  
**For 2 or more camps\*\***

The purpose of these camps is to teach and improve upon the skills required to be a successful volleyball player, emphasizing passing, setting, attacking, blocking and serving. The Attack Camp places a focus on the skill of attacking the volleyball, working on approach, arm swing and shot selection. Setter's Camps will cover the fundamentals of setting from hand placement to footwork. The High School Prep Camp is designed specifically for incoming high school age athletes looking to make positive contributions to their current or future teams. It is open to all athletes from all schools. All camps will be directed by 51. Mary's Head Coach, Garren Aliala, St. Mary's High School coaching staff, past and current players, and other local coaches and alumni.

\*Saint Mary's Volleyball Camp does not provide medical insurance. Players attend camp at their own risk. \*\*  
 Please make all checks payable to: **St. Mary's Volleyball**

**MAIL TO:**  
 Garren Allala  
 3753 Fort Donelson Drive  
 Stockton, CA 95219

**CAMP LOCATION**  
 St Mary's High , Morelli Gym  
 5648 N. El Dorado Street. School  
 Stockton, CA 95207

PLAYER'S NAME \_\_\_\_\_ GRADE (Fall '18) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

CAMP: (Check Choices)  1  2  3  4  5  6

T-SHIRT SIZE (Check one) Youth:  M  L  XL Adult:  XS  S  M  L  XL

FEE ENCLOSED: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_

I, the undersigned, parent or legal guardian of the above-named player request that my child/ward be allowed to participate in, and give my permission for his participation in those activities described above. I understand that no medical insurance is provided. I authorize the staff of **St. Mary's Volleyball Camp to act on my behalf in an emergency requiring medical attention. for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care** which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of nearest Emergency Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. For the purpose of such treatment I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) with respect to my child/ward. I hereby release, agree to indemnify and save harmless St. Mary's High School, St. Mary's Volleyball Camp and any and all of its staff or employees from any and all liability for any and all harm arising to my child/ward as a result of the activities described above.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

