



# Bourgade Catholic High School Girls Volleyball Camp



Improve individual and team skills which lead to positive attitudes and improved team results

- When:** July 14 - 16, 2009  
**Who:** Girls ages 6 to 15 years  
**Time:** Ages 6 thru 12 years old: 8:00 to 11:00 a.m.  
 Ages 13 and older: 12:30 to 3:30 p.m.  
**Cost:** \$50 pre-registration; includes a camp t-shirt  
**Where:** Bourgade Catholic High School Tepsic Gymnasium  
 (4602 N. 31<sup>st</sup> Avenue, just west of the I-17 and ¼ mile south of Camelback Road)  
**Attire:** Appropriate volleyball clothing: short sleeve t-shirt, gym shorts, socks, athletic shoes and knee pads  
**Bring:** Filled water bottle or small jug with your name on it and a *willingness* to learn and participate

**Hosted by:** Bourgade Catholic Golden Eagles Varsity Volleyball Team

BCHS Head Coach - Jeremy Manning 602/488-9320; jjmets11@yahoo.com

**Registration Due by July 1, 2009; LATE REGISTRATION: ADD \$10.00**



*Participants may not be present without this completed form.*

Name: \_\_\_\_\_ Current School: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

The following information must be provided before your daughter may participate in the Bourgade Catholic High School volleyball camp.

I hereby consent to the participation of my child, \_\_\_\_\_, in the BCHS volleyball camp. I hereby authorize the director, Jeremy Manning, or an adult who has completed "Called to Protect" training, to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby waive and release the clinic, the director, the instructors, Bourgade Catholic High School, and the Diocese of Phoenix of all liability for any injuries or illness incurred while at or in transit to and from the clinic. Furthermore, by signing, I understand that participation in an athletic setting is a risk, and I am willing to allow my daughter to participate, regardless of the risks involved.

Print parent/guardian name \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Payment: (Circle One) Cash Check      Indicate T-shirt size: \_\_\_\_\_ Child or Adult  
 (Make check payable to: Bourgade Catholic High School or BCHS)      (circle one)

**Send registration and payment to the following address:**

Bourgade Catholic High School  
 Attn: Athletic Department, Volleyball Camp  
 4602 N 31<sup>st</sup> Ave., Phoenix, AZ 85017