

Kennesaw Mountain High School Mustang Volleyball

2017 “Bring It” Volleyball Camp

June 5th-8th



At Kennesaw Mountain

4:30 pm- 7:30pm (Rising 9th – 12th grade)

4:30pm-7:30 pm (Beginning Players 5th - 8th grade)

Early Registration (before April 21st) only \$100 per participant

Late Registration \$150 per participant

Registration at door is \$175

Participants will be separated by skill and/or grade level.

Camp T-shirt is included in the fee.

The Kennesaw Mountain Girls Volleyball program is happy to announce its 3rd annual “Bring It” camp! This year’s camp will be led by Clay Taylor, a state championship coach. Other top area coaches and college players will assist him in running the camp. The Kennesaw Mountain “Bring It” Volleyball camp is designed for every athlete that wants the *Mustang Volleyball “Bring It” experience*. Training during camp is like that of Mustang varsity volleyball. It can help introduce you to or improve the fundamental skills of volleyball which includes the basic skills of serving, passing, setting, attacking, blocking, and defense. It is also designed for the advanced volleyball player searching for the opportunity to fine tune skills in preparation for tryouts. The “Bring It” camp will also include off court sessions where we will teach players how to attack the game of volleyball from the mental aspect. Campers will be broken down into groups based on skill level. Camp is open to ANY girl interested from ANY school. Hurry and sign up today to take advantage of Early Registration Pricing.

2017 **“Bring It”** Camp!! Registration Form

Player: _____

Player Cell: _____ Player Email: _____

Grade in '16 – '17: _____ T-shirt Size: _____

Experience level:

Parent's Email Address: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Emergency Phone: _____

Existing Medical Conditions/Injuries: _____

Consent for Participation/ Liability Waiver

I hereby authorize my child to participate in the volleyball camp offered by Michael Loyd and the Kennesaw Mountain Volleyball Booster Club, and by the execution of this release, I acknowledge and agree that all requirements, directions, and supervision, and standards set by the directors of this program shall be established for my child's benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of her participation in this program, and therefore release and hold harmless Coach Loyd, all personnel associated with this program, and KMHS from any and all liability that may result from my child's participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached in a timely manner.

Parent Signature: _____ Date: _____

Please make checks payable to: KMHS Volleyball Booster Club

Return this form with payment to:

**KMHS
Attn: Michael Loyd
1898 Kennesaw Due West
Kennesaw, GA 30152**

**** Payments may also be made online at Mustangvolleyball.com (form must still be mailed or emailed to address below)**

Questions should be directed to Coach Michael Loyd at Michael.Loyd@cobbk12.org