



Summer Volleyball Camp

The purpose of the camp is to introduce students to the fundamentals of volleyball, including: passing, setting, serving, hitting, and game-like rotations. This will be accomplished to a variety of drills and repetition to help students get a strong foundation of the game.

Location: St. Ignatius of Loyola Gym

Date: Tuesday - June 19th, 2018

Time: 1:00 – 4:30

Grades: Students entering 3rd, 4th, 5th, and 6th grade

Cost: \$30 per camp participant (please make checks payable to St. Ignatius of Loyola School)

Registration: Please complete and return the registration form, waiver, and camp fee to Hanna Glastetter no later than June 1st. Please mail all information to St. Ignatius Loyola School 19129 Mill Road, Marthasville, MO 63357. Copies of all forms will be on the St. Ignatius parish website as well. You will receive a confirmation email prior to the camp ensuring everything has been completed.

Contact Information: Hanna Glastetter

Phone: (636) 221-1777

Email: hanna.glastetter@saintig.com

Please feel free to contact me if there are any questions about the camp or the registration process!

2018 Summer Volleyball Camp Registration Form

* Camp registration form, waiver, and camp fee are due to St.
Ignatius (attention Hanna Glastetter) by June 1st *

Location: St. Ignatius of Loyola Gym

Date: Tuesday - June 19th, 2018

Time: 1:00 – 4:30

Grades: Students entering 3rd, 4th, 5th, and 6th grade

Participant's Name: _____

Age: _____

Grade: _____

Grade School: _____

Parent Name: _____

Parent Phone: _____ Parent Email: _____

Parent Signature: _____ Date: _____

ST. IGNATIUS VOLLEYBALL CAMP LIABILITY WAIVER FORM

Camper's Name _____

Address _____

City _____ Zip _____

Parent/Guardian email address _____

Parent/Guardian's Name _____

Parent/Guardian's Phone _____

Emergency Contact's Name _____

Emergency Phone _____

Does the Camper Have Asthma? (Circle One) Yes No

Does Camper Have allergies? Yes / No

If yes, please specify: _____

In case of emergency, do you want the clinic directors to seek medical care?
(Circle One) Yes No

Physician _____ Phone _____

LIABILITY WAIVER: I am aware that participation in the St. Ignatius Volleyball camp has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in the St. Ignatius Volleyball camp, I, the parent/guardian, assume the risk of all injury and agree not to sue St. Ignatius Parish & School, the camp directors, coaches, assistant coaches, agents, or volunteers for any and all injuries caused by or resulting from participating in the St. Ignatius Volleyball camp. By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted on the St. Ignatius Parish & School web site or advertising media published by St. Ignatius Parish & School.

Parent/Guardian Signature _____

Date _____