

2009



CHAMPIONSHIP



VOLLEYBALL CAMPS @ TESORO HIGH SCHOOL

FOR GIRLS GRADES 4-12

*THE SUMMER CAMP IS OPEN TO ALL AGES AND EXPERIENCE LEVELS
BEGINNERS TO ADVANCED!*

13 DAYS OF INSTRUCTIONAL VOLLEYBALL

GRADES 4-8 - COST: \$225

July 13th – July 30th Monday – Friday 1:00-2:30pm

INCOMING 9TH GRADERS – COST: \$250

July 13th – July 30th Monday – Friday 2:30-4:30pm

GRADES 10-12 – COST: \$250

VARSITY GROUP - July 13th – July 30th – Monday – Friday 7:00 – 11am

JUNIOR-VARSITY GROUP - July 13th – July 30th – Monday – Friday 4:30 – 7:00pm

(Including summer league competition selected evenings and one weekend tournament)

Please mail registration form and make all checks payable to :

Rich Polk

27535 Capricho

Mission Viejo, CA 92692

FOR MORE INFORMATION PLEASE CALL **RICH POLK** AT (949) 310-6980 OR rapolk@capousd.org

The camp will stress the fundamental skills of volleyball including passing, setting, serving, digging, hitting, and team play. Camp Director Rich Polk has over 20 years of high school volleyball head coach experience at some of Orange County's top ranked high school volleyball programs. Coach Polk also coaches at the Balboa Bay Volleyball Club where his teams have won 15 medals over the past 17 years at the Junior Olympic National Championships, including National Championships in 2002 and 2006, 2007 and 2008. Coach Polk has worked with numerous top high school, club, and college players.

Name: _____ Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Health Insurance: _____ Policy #: _____

Age: _____ Grade Next Year: _____ Emergency Phone Contact: _____

T-Shirt Size – (circle one) Adult: XL L M S Youth: L M S

I hereby authorize the staff of Championship Volleyball Camps to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive release Championship Volleyball Camps, Director Rich Polk, and any hired or volunteer coaching staff from any and all liability for any injuries or illness incurred while attending camp. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the camp program, as outlined in the description.

Parent Signature: _____ Date: _____

This is not a CUSD sponsored Event — Insured by Francis Dean & Associates.