

Parent/Guardian:

Name: _____

Home: _____

Cell: _____

Work: _____

Emergency Contact Name & Phone

I certify that _____

has my permission to participate in the Stafford Summer Sports Volleyball Program. I further certify that the above student/player has medical insurance in case of an emergency. I authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I release and hold harmless all camp staff from and against any liability or injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this camp at Stafford High School.

Parent/Guardian Signature

Stafford



Spartan Volleyball Freshman Camp



**2022 Freshman
Volleyball Camp
July 25th– July 28th
9:00am-11:00am**

Camp



The Freshman camp is a summer volleyball skill workout. Athletes will be provided technique instruction on passing, digging, overhand setting, overhand serving, blocking, hitting, court awareness, and speed development. Agility drills are used to improve the athletes quickness, balance and vertical jump. The program aims to improve overall conditioning of the student athlete and improve their athletic performance.

If you have any questions, please contact:

Ken Savanah
Athletic Director
Head Football Coach
281-261-9360
ksavanah@staffordmsd.org

Sergio Hinojosa
Associate Director
shinojosa2@staffordmsd.org

Christian Arrambide
Girls Athletic Coordinator/Head Softball Coach
carrambide@staffordmsd.org

Ivana Ellas
Head Volleyball Coach
iellas@staffordmsd.org

Location:

Competition Gym

Dates: Tuesday - Thursday
July 25th-July 28th

Time: 9:00am-11:00am

Cost: \$30

Eligible Participants:

Any incoming Stafford MSD Freshman (9th Grade).
Please return completed registration forms and payment to the
Stafford MSD Athletic Office located in the Field House. **Must
have a physical on file.**

What To Bring:

Come dressed with flat soled non-marking shoes, gym
shorts, t-shirt and water. **THERE WILL BE NO LOCKER
ROOM ACCESS**

Student Athlete:

Name: _____

Address: _____

Cell Phone: _____

Please arrive 15 minutes prior

BE ON TIME!

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