



NAZARETH GIRLS VOLLEYBALL YOUTH CAMP

July 30, 31, and August 1, 2024(Tuesday-Wednesday-Thursday) 10AM to 1 PM (Lunch 11:30 to 12:00)

Camp is open to all girls entering 5th – 9th grade for the 2024-2025 school year.

The Nazareth Girls Volleyball Youth Camp will focus on teaching volleyball fundamentals and introductory skills. The camp will feature drills involving passing, serving, hitting, and ball control.

For any questions please contact:

Nazareth Area HS Coach: JT Pursel – jpursel32@gmail.com
 Booster Club President: Christine Holland – hollandchristine05@gmail.com

Camp Staff: Nazareth High School Girls Volleyball Coaching Staff and Players

Location: Nazareth Area Middle School

Cost: \$100.00 for each camper includes a **Camp T-Shirt if registration and payment are received by June 20, 2024.**

Walk-in registration is available on first day only. Please make checks payable to: **Lady Blue Eagles Volleyball**

Bring: Athletic clothing, knee pads, water, athletic shoes and lunch. (Food will not be offered so please pack a lunch).

Cut and Mail Registration and Check to:

Nazareth Youth Volleyball Camp, c/o Melissa Wales, 215 N. Church Street, Nazareth, PA 18064

Name of Player: _____ Grade(2024/2025 school year): _____ T-Shirt Size: _____ (specify youth or adult)

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Parent Email: _____

Emergency Contact: _____ Phone #: _____

Health Insurance Company: _____ Policy #: _____

List of any medical issues / allergies we need to be aware of:

Volleyball experience (circle one): New to volleyball but excited to try Has played some before Plays club (indicate number of years played)

WAIVER & RELEASE OF LIABILITY: I understand that my child will be engaged in physical activity at the Nazareth Girls Volleyball Camp. I understand that there is an inherent risk associated with these activities and I permit my child to participate in these activities without restriction. I authorize the staff of Nazareth Girls Volleyball to act for me in the case of an emergency with my child. I release the program from any and all liabilities for injuries, illness, or accidents incurred to my child at the activity. I also give permission to recording any or all of my child’s participation in this camp in photos/videos, and to use them only in a manner to promote or highlight future camp opportunities and camp experiences without reimbursement of any kind.

Date _____

Parent Signature _____