

Paul VI Catholic High School Girls & Boys Volleyball Camp 2009

Dates: June 15-19 & July 27-31
Time: 5:30-9:00 PM
Location: PVI Catholic HS, Fairfax, VA

Please register early as the camp fills up quickly.

Registration Fees & Details:

\$200 for one camp, \$350 for both camps
 Make check payable to **PVI Athletic Boosters**.
 A \$100 deposit is due at registration. The balance is due on the first day of camp.

Each camper will receive:

Camp tee shirt
 Nightly awards & prizes

Camp Philosophy: Our philosophy is very simple "teach-drill-correct-repeat" as many times as possible. No matter what level your student-athlete is on the court, we'll take them to the next level. Come join the PVI volleyball family!

Camper Ages: Camp is geared towards **GIRLS** and **BOYS** at grades 5 – 9. While the camp is focused on players who have had limited exposure to volleyball we can accommodate more accomplished players as well.

Any questions please contact Coach Farrar at:
 sfarrar@paulvi.net

Mail completed form and \$100 deposit check made payable to **PVI Athletic Boosters** and mail to:

PVI Volleyball Camp
 13285 Holly Meadow Lane
 Oak Hill, VA 20171

Camp Objectives

- Hitting – who doesn't like to hit the ball
- Digging – most spectacular play
- Serving – it starts every point
- Offense – all 6 must work together
- Defense – ball never hits the floor
- TEAM – it's the ultimate team sport!

What To Bring

- Good athletic shoes
- Water will be available
- Comfortable shorts & t-shirts
- Sweats
- GREAT ATTITUDE

Coaching Staff

- **Camp Director:**
 PVI Head Coach: Sam Farrar
- Entire PVI Volleyball Coaching Staff
- Current PVI players
- PVI Alumni currently playing at schools such as Ohio State, La Salle, John's Hopkins, Penn State-Altoona.



School in Fall _____ Grade Fall '09 _____

Name _____ Height _____

Address _____

City, State Zip _____

Home Phone _____

Parent Name _____ Work Phone _____

Best e-Mail for registration confirmation _____ Emergency Phone _____

Session
 June 15-19
 July 27-31
 Both Camps

T-Shirt Size
 Small Large
 Medium X-Large

Medical Consent: I hereby state that my child is in good normal health and has my permission to participate in all activities. In addition, I authorize the camp staff to act for my child in the event of injury or illness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending Paul VI Volleyball Camp they release the camp sponsor, counselors, and Director from any and all liability.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed _____ Date _____