

## WARRIOR VOLLEYBALL CAMP



As we start another volleyball season, Susquehannock Girls Volleyball staff will be hosting a volleyball camp for girls going into grades **4th-7th grade**. The girls will be learning and honing in on the game of volleyball which include, passing, setting, hitting, serving, offensive and defensive systems, and other important volleyball skills. It is our intention to provide quality instruction and training as well as an enjoyable volleyball experience. All Covid-19 protocols will be followed in accordance with SYCSD Health and Safety Plan.

### INFORMATION ON CAMP:

#### Times:

Monday, June 14: 9 a.m.-12 p.m.

Tuesday, June 15: 9 a.m.-12 p.m.

**Who is it for:** Girls going into grades 4-7

**Facility:** Susquehannock High School Gym(s)

#### What to bring:

Athletic wear, sneakers, mask (must be worn), Water Bottle,  
optional: Knee Pads

#### Cost of camp:

\$35.00 (All checks payable to SHS All-Sports Booster Club)

**Registration** is due by Monday, June 7 (via mail)

**Walk-In Registration**-If you want to register the day of camp you can register that morning in the high school gym lobby from 8 am-9 a.m. on Monday, June 14. However please email Heather Schoemaker to let her know you will be attending and registering the day of volleyball camp. Heather Schoemaker's email is [heather.schoemaker@syncsd.org](mailto:heather.schoemaker@syncsd.org).

### INSTRUCTORS

Warrior Volleyball Coaching Staff

Helping the staff will be the players of the Susquehannock Girls Volleyball team

Waiver for Volleyball Camp

Daughter Information:

Name \_\_\_\_\_

School \_\_\_\_\_

Grade going into: \_\_\_\_\_

**Parent/Guardian Contact Information**

Parent/Guardian Names: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Emergency Contact: (if parents/guardians cannot be reached)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any medical limitations and/or allergies below:

\_\_\_\_\_

**I authorize the permission of medical treatment to my child in the event of emergency trauma or medical condition requiring such treatment. I understand the Southern York County School District does not carry medical or accident insurance. It is my responsibility to provide insurance coverage for the listed camper.**

\_\_\_\_\_ **Parent/Guardian Signature**

**Please mail this registration along with your payment**  
(make checks payable to SHS All-Sports Booster Club)

Mail Check and Waiver Form to:

Heather Schoemaker

2724 Hunters Crest Drive

York, PA 17402