2015 Statesboro High School Volleyball Camp

“Please come and attend a new tradition starting in Statesboro, Ga.”

**Host school:** Statesboro High School/Head Coach Bob Massee

**Date:** July 13-16, Monday-Thursday (4 days)

**Camp will be split into 3 sessions:**

**Session 1** - 2nd grade- 6th Grade- Times: 8:30-10:30 a.m. Mighty Mights

**Session 2** - 7th grade-12th grade- Times 11:00-1:00- Beginner Session-(For those who have never played volleyball at the middle and high school)

**Session 3** - Elite camp- 7th-rising 12th grade- 1:30-4:00- Campers who have volleyball experience and have played at the high school or middle school level.

$60 per child (make check payable to: SHS Volleyball)

Please bring your own water bottle.

You can Pre Register on our Statesboro Volleyball Website or turn in this form to the front office with Check. You can also register your child on Monday, July 13th, before your session begins in the back gym at SHS. If there are any questions please feel free to email me at bmassee@bulloch.k12.ga.us

If you have more than one child attending, please fill out a form for each child. Camp will include a T-shirt: When you pre-register please circle the shirt size.
STATESBORO HIGH SCHOOL Blue Devil Volleyball Camp Registration

Name: ___________________________________________ Age: _________________
Address: ___________________________________________________________________________
Email Address: _______________________________________________________________________
Parent’s Name: ___________________________________ Phone #: _______________________
Doctor’s Name: ___________________________________ Phone #: _______________________
Allergies or Medical Conditions: _______________________________________________________
____________________________________________________________________________________
Emergency Contact Name and Relationship: ________________________________________________
Emergency Contact Phone #:__________________________________
Child’s T-shirt Size (please circle one):
Youth S      Youth M      Youth L      Adult S      Adult M      Adult L      Adult XL
I agree my child, ________________________________________, can participate in the 2015 Statesboro High School Volleyball camp to be held on Monday, July 13th - Thursday, July 16th.

Parent Signature: _________________________________ Date: _________________________

“We are Statesboro”