

# LONGHORN VOLLEYBALL

## Summer Skills Camp 2019



**Session I:**  
**For Incoming 3rd-7th**  
**graders**  
**8:30 - 11:30 AM**

**Session II:**  
**For Incoming 8th & 9th**  
**graders**  
**1:30-4:30 PM**

**CAMPS WILL BE HELD AT:**

**UNITED HIGH SCHOOL | 2811 UNITED AVE. | LAREDO, TX 78045**

**\*Registration begins June 17 at 8 a.m.**

**June 17-19, 2019**

**Cost: \$60**

### CAMP HIGHLIGHTS

- Three hours of daily instruction
- Instructor to Camper Ratio - 1:10
- General and Individual Skills Instruction
- Emphasis on fundamentals
- Development of proper body mechanics
- Skill development
- Players grouped by age and ability level
- Team play
- Camp T-Shirt Included

Contact: Leticia Longoria  
 leticialong@uisd.net  
 956.473.2564

**OFFICE USE ONLY**

Method of Payment:

Check # \_\_\_\_\_ Cash

Session I \_\_\_\_\_ Session II \_\_\_\_\_

\_\_\_\_\_  
 Athlete's Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Parent's Cell Phone

\_\_\_\_\_  
 Emergency Contact Name

\_\_\_\_\_  
 Emergency Phone

I hereby authorize the staff of the *Lady Longhorn Volleyball Skills Camp* to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive, absolve, indemnify, and agree to hold harmless *Lady Longhorn Volleyball Skills Camp*, its staff, participants, United Independent School District, or the host facility for the camp for any and all liability for any injuries or illnesses incurred while at camp. I acknowledge that participation in this camp may result in accidents or injuries. Even though I know there are risks involved, I still give my approval for the registrant to participate in any and all camp activities and I expressly assume all risks and hazards to such participation. I have no knowledge of any physical impairment that would be affected by the registrants' participation in the volleyball camp.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date