

BUCKAROO VOLLEYBALL CAMP

BRECKENRIDGE HIGH SCHOOL

ALL SKILLS VOLLEYBALL CAMP

In this camp we will focus on fundamental skills such as passing, serve, hitting and transition to offense, defense, and setting. Athletes will be able to sharpen these skills by a series of repetition and competitions throughout the day. If you are ready to enhance your volleyball skills, prepare for the school season, and have fun, COME JOIN US!

GRADES	TIME	WHEN	COST
6th- 8th	3:30 - 5:30 pm	June 16th & 17th	\$60
9th-12th	9-11:30 am 12:30-3 pm	June 16th-19th	\$165

*****limited spots*****

Camp Director: Paula Taylor, Head Volleyball Coach at Breckenridge High School
20 years of volleyball experience | 10+ of coaching experience (club, HS, College & University)
Camp Instructors: Kyrrah Bailey
Anthony Kelly
Heather Reatherford

WHAT TO BRING:

- Please be dressed with athletic gear. T-shirt and shorts/spandex.
- Tennis shoes
- Knee Pads
- Water Bottle
- Copy of up to date physical

CAMP IS OPEN TO ALL STUDENTS ENTERING GRADES 6TH TO 12TH IN FALL OF 2021

We ask parents to arrive with the student-athlete at least 20 minutes before the camp starts to check in and allow the student-athlete to get ready for the camp.

LOCATION: BRECKENRIDGE HIGH SCHOOL

To secure your spot, please email Coach Taylor at:
paula.barros@breckenridgeisd.org

Please fill out the registration form and send/bring check to the address below

REGISTER NOW!	
Camper's name:	Email:
Parent's/Guardian Name:	Parent's/Guardian cell #:
Emergency contact (name & phone number):	
Incoming grade (fall 2021):	Club Team (if any): School Team (if any):
Total amount of check: Make checks payable to: <p style="text-align: center;">Breckenridge High School ATTN: Buckaroo Volleyball Camp 500 W Lindsey Breckenridge, TX 76424</p>	

RELEASE AND MEDICAL AUTHORIZATION

I certify that my child has been examined by a physician and has been found to be in good health and able to compete in all camp activities without restriction. I acknowledge that I have medical insurance to cover the cost of any injury or illness that may occur during my child's participation in this volleyball camp. Furthermore, I authorize the staff of Breckenridge camp to act on my behalf to their judgment in an emergency requiring medical attention. I hereby release the Breckenridge Volleyball Camp staff and Breckenridge ISD from liability, including claims and suits at law or inequity, for injury which may result from my child while attending this camp.

Printed name of parent or guardian: _____ *Emergency contact phone number:* _____

Signature of parent or guardian: _____ *Date:* _____

INSURANCE INFORMATION

I agree to assume all costs related to such treatment stated above. I understand that I will be responsible for any charges in connection with the student's attendance at this camp.

INSURANCE COMPANY: _____

POLICY NUMBER: _____

I hereby agree to all terms set forth by the statement above and do so by giving my signature below

Parent/Guardian FULL Name

SIGNATURE

DATE