

2022 PEARLAND OILER VOLLEYBALL CAMP



Date: Monday, June 6 through Wednesday, June 8, 2022
 Ages: Camp is for 4 year old's through 9th graders. Both boys & girls are welcome!
 (Please note your child's age below for camp time)
 Time: 8:00 to 9:30 a.m. – **Camp I: 4 years old-3rd graders**
 9:45 to 11:45 a.m. - **Camp II: Incoming 4th - 7th graders**
 12:00 to 2:00 p.m. – **Camp III: Incoming 8th- 9th graders**
 Where: PHS Bullard Gymnasium
 Cost: \$95.00 (Payment collected on the first day of camp)



Email Registration Form
Coach Gill: gillj@pearlandisd.org

Scan QR Code to Register Online

This camp is an all skills camp that works on the camper's fundamentals, technique, and mental toughness. The goal is to develop a solid foundation so that the camper can become a better volleyball player. We strive to maintain a fun and competitive atmosphere so the camper gets the most out of each touch of the volleyball.

Campers will receive instruction in serving, hitting, passing, blocking and defense. Campers will need knee pads, athletic shorts, and tennis shoes and water. (No other outside food will be allowed inside gym). For more information contact Coach Gill at gillj@pearlandisd.org or call 281-701-3461

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2022 Pearland Oiler Volleyball Camp Registration Form

(Please print clearly)

Name _____
 Address _____ City _____
 Age/Grade _____ Shirt size (Circle one): Adult S M L XL XXL Youth S M L
 Parents name: _____ Cell Phone: _____
 Email: _____
 Family Doctor: _____ Doctor Office Phone: _____
 Select a session: _____ **Camp I: 4 years old-3rd graders** _____ **Camp II: Incoming 4th-7th graders**
 _____ **Camp III: Incoming 8th - 9th graders**

Insurance Release Form

*Applicants will not be accepted without the completion of this portion of the application.

I, the undersigned, as the parent or legal guardian of a minor child _____ hereby acknowledge that the afore named child is covered by medical insurance as follows:

Insurer _____ / Company _____ / Policy #: _____

I, as parent or guardian, hereby give permission for my child to participate in the Pearland Volleyball Camp and acknowledge the fact that he/she is physically able to participate in the camp activities. I hereby authorize the camp staff to act for me according to their best judgment in an emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim I might have against the camp, director, or the institutions providing facilities.

Date

Parent's Signature

This athletic camp follows the guidelines set forth by Pearland ISD and the UIL