

2ND ANNUAL PAROCHIAL VOLLEYBALL CAMP

WHEN

July 28th and 29th

9:00-11:30am (7th and 8th Grade)

12:30-3:00pm (5th and 6th Grade)

Where

Elite Sports Ltd

11035 Cleveland Ave N Uniontown, OH 4468

**COME JOIN THE STAFFS OF CANTON CENTRAL CATHOLIC AND
ST. THOMAS AQUINAS SPECIAL INSTRUCTOR WILL BE TROY
HAUGHT HEAD COACH OF URBANA UNIVERSITY**

**OPEN TO ALL
ATHLETES**

\$65

Includes T-shirt

By July 19th, 2014

COACHES

Troy Haught

Alyssa Thewes

Lauren Goodwill

Volleyball Staffs

Athletes

BENEFITING

Central Catholic and

St. Thomas Aquinas

Volleyball Programs

Parochial Volleyball Camp

The Central Catholic and St. Thomas Aquinas Volleyball Coaching Staff would like to invite you to join us for two days of skills and drills. This camp will be run by Troy Haught, the Head Volleyball Coach of Urbana University along with the coaching staffs of Central Catholic and St. Thomas Aquinas. They will be joined by current student athletes and alumni. This year the camp will be for grades 5th through 9th. Grades listed are the grade you will be entering in the fall.

Session #1	July 28 th and 29 th	9:30-11:30am	Grades 7-9 th	Cost \$65
Session #2	July 28 th and 29 th	12:30-3:00pm	Grades 5-6 th	Cost \$65

Price Includes T-shirt/Prizes and Instruction

What to Bring: Water/Water bottle and Knee Pads
What to Wear: Shorts, Spandex, T-shirt, and gym shoes

Please Register before July 19th.
Make Checks Payable to Elite Sports

Any Questions please call Coach Alyssa Thewes at 330-705-7244 or email at alyssthewes@yahoo.com
Detach bottom section and Mail to 11035 Cleveland Ave, Uniontown, OH 44685

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Name _____ Session # _____ Grade next yr _____

T-shirt Size: Adult S M L XL Youth M L Please Circle One

Address _____

Phone _____ Email _____

I give my consent and approval for the directors of the Parochial Volleyball Camp to act accordingly to their best judgment in an emergency requiring medical attention. I understand that I am responsible for any and all medical expenses for injuries that may occur during camp.

Signed _____ Date _____

Please list any medications that the athlete is currently taking (Inhaler, Allergy medications, ETC.)

