

## CAMP INFORMATION

### CAMP LOCATION

Our Lady of Mercy School  
7481 10<sup>th</sup> Ave., Burnaby BC V3N 2S1

### CAMP COST: \$ 100

This fee includes:  
Camp T-shirt  
15 hours of quality instruction  
Prizes to be won

### WHAT TO BRING

Running shoes or Court shoes, Water bottle,  
Sunscreen, Snack, Knee Pads (optional)

### REGISTRATION and CONTACT

Please send the completed form to  
[olmvolleyballcamp@gmail.com](mailto:olmvolleyballcamp@gmail.com)  
or send an email with your contact  
info and we will be in touch with you.

### CAMP RULES

Participants must agree to follow all camp rules  
and regulations of Our Lady of Mercy School.

### CAMP DATES & HOURS

August 22-26, 2011, Monday to Friday  
Gr.2 – Gr.4: 9:00am to 12:00nn  
Gr.5 – Gr.7: 1:00pm to 4:00pm

### COACHING TEAM

**Mr. Chinh Nguyen** - OLM Gr5 Teacher and  
Volleyball Coach

**Mr. Andrew Bustamante** - Certified Coach,  
Volleyball BC

**Coaching Staff:** OLM Alumni Volleyball Players  
and Volleyball BC Coaches

## OUR LADY OF MERCY SCHOOL VOLLEYBALL CAMP – SUMMER 2011

THIS IS OUR 2<sup>ND</sup> SUMMER of providing a fun structured volleyball camp for young volleyball  
enthusiasts. All participants will receive intensive instruction in basic skills – forearm passing, overhand  
passing, serving, blocking and hitting. Team fundamentals and game strategies will also be introduced.

- Group 1: Gr.2 – Gr.4 (current): 9am – 12:00nn, Monday to Friday
- Group 2: Gr.5 – Gr.7 (current): 1:00pm – 4:00pm, Monday to Friday

**Each session has a MAXIMUM of 20 players! HURRY! FIRST COME, FIRST SERVE....**

## VOLLEYBALL REGISTRATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

Name of School: \_\_\_\_\_ Currently in Grade \_\_\_\_\_

\$100 (includes T-shirt): CASH only, please.

\$50 - Partial payment upon registration  \$50 – Balance will be paid in full on first day of session

T-shirt size (Youth):  S  M  L  XL

Parent / Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other medical concerns: \_\_\_\_\_

### INJURY/ACCIDENT WAIVER FORM

Due to the physical nature of the activity, injuries and accidents are an important aspect for all involved at the Camp. It is the Coaches intentions of the Camp to provide immediate assistance, care and control in the event of any situations including medical emergencies acts.

I consent to allow the personnel involved with the Camp to attend to my son/daughter in the event of those aforementioned circumstances and provide the necessary assistance that is deemed applicable at the time of the incident. Furthermore, I acknowledge that liability is placed within the individual, not the personnel of OLM Summer Volleyball Camp or Our Lady of Mercy School and its affiliates.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please email completed form to [olmvolleyballcamp@gmail.com](mailto:olmvolleyballcamp@gmail.com).  
You may also send us an email with your contact information and we will give  
you a call.**