

For information on future camps ... like my Facebook page - 'Crystal Miciotto Volleyball Camp (www.crystalmiciottovolleyball.com)

Crystal Miciotto's Christmas Volleyball Camp

Register by December 30th, 2019



Camp Director – Crystal Miciotto
Head Volleyball Coach at Cathedral Carmel School

- Former grad assistant coach The University of Southern Mississippi (2003-2004).
- Played Division I volleyball for The University of Southern Mississippi (1999-2002)
- IMPACT Certified, 10+ years of camp experience

Instructors: Cathedral Carmel coaches, Saint Thomas More players; former Cathedral Carmel players

Location: All camps will be held at Youngsville Sports Complex: 801 Savoy Road Youngsville, LA

CAMP DETAILS

AGE GROUP: There will be 4 courts for grades: 1st grade through 10th grade

WHAT TO BRING TO CAMP

Volleyball clothing, we recommend: T-shirt, shorts, volleyball shoes (No black-soled running shoes, please), knee-pads

- A Water bottle CLEARLY labeled with your name on it.
- There will be concessions available if your child would like to buy a drink/water

January 2nd & January 3rd (Thursday and Friday)
1:00pm - 4:00pm – 1st grade – 10th grade

HOW TO REGISTER: Registrations will be taken on a first come first served basis, there are a limited number of spots available.

Sign up online: www.crystalmiciottovolleyball.com

Mail in form and check

Crystal Miciotto
Christmas Volleyball Camp
213 Oakwood Drive
Lafayette, LA 70503

CAMP ENTRY FORM

Send Entries & Make Checks Payable to Crystal Miciotto: Volleyball Camp / 213 Oakwood Drive/ Lafayette, LA 70503

Or Sign up online at www.crystalmiciottovolleyball.com Email: crystalmiciotto@gmail.com

Camper Name: _____ Parent Email: _____
Phone Number(s): _____ Age (during the camp): _____ Club Team: _____
Current Grade _____ Your School _____

In Case of Emergency during Camp (each camper is required to have Medical Insurance):

Contact _____ Phone _____ Medical Insurance Carrier _____
Policy # (required) _____ Physician's Name _____ Phone _____
Pre-existing Medical Conditions (allergies, injuries, asthma): _____ Medications: _____

Assumption of Risk/Release

In consideration of the acceptance of this application for Crystal Miciotto's Volleyball Camp, I, the undersigned waive and release any and all rights and claims for damages which I might have against Crystal Miciotto Volleyball Camp, or their representatives it and/or assignees, for any and all damages which may be sustained or suffered by my child in conjunction with this camp and all activities associated with the camp. I understand volleyball is a sport, and as such there is a possibility of injury. I hereby certify that my child is physically fit to participate in this athletic camp, and all its activities as advertised. I hereby authorize the DIRECTOR, and/or COACHES to act according to their best judgment in any emergency requiring medical attention and accept full responsibility for the cost of all medical treatment to my child as a result of injuries. In additions, I understand that Lafayette Volleyball Camps retain the rights to any and all photographic or video recording taken of participants and used for advertising or promotion of future camps or volleyball-related activities.

Parent's Signature _____