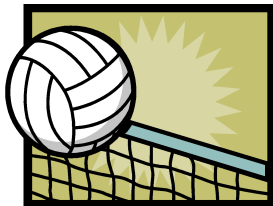


Facebook page: Crystal Miciotto Volleyball Camp

Website: www.crystalmiciottovolleyball.com

Google Form Link: <https://forms.gle/LtnGQmkvRqWe3HZX6>



Crystal Miciotto's Back to School Volleyball Camp

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, 15+ years of camp experience

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

Location: Youngsville Sports Complex - 801 Savoy Road - Youngsville

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 drinks and snacks.

August 3rd-5th(Monday-Wednesday) 1pm-4pm

The cost is \$125/camper.

Mail to: Crystal Miciotto - Summer Volleyball Camp 213 Oakwood Drive Lafayette, LA 70503

Google Form or Email registration: send Venmo with child's name to @Crystal-Miciotto or Paypal to paypal.me/crystalmiciotto

CAMP ENTRY FORM

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

Email: crystalmiciotto@gmail.com registration/google form and send Venmo to @Crystal-Miciotto or Paypal to paypal.me/crystalmiciotto

Camper Name: _____	Parent Email: _____			
Phone Number(s): _____	Age (during the camp): _____	Current Grade: _____		
Your School: _____	Experience level (circle one):	Beginner	Intermediate	Advanced

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

Contact _____ Phone _____ Medical Insurance _____
Carrier _____ Policy # _____ 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 Volleyball Camp, I, the undersigned waive and release any and all rights and claims for damages which I might have against YSC, 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 CMVC 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 _____