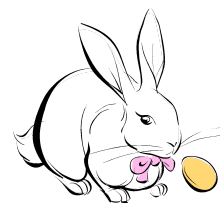


For information on future camps ... like my Facebook page: 'Crystal Miciotto Volleyball Camp' ([www.crystalmiciottovolleyball.com](http://www.crystalmiciottovolleyball.com))



## Crystal Miciotto's Easter Volleyball Camp

Register by April 17, 2025



### Camp Director: Crystal Miciotto

- Former grad assistant coach The University of Southern Mississippi (2003-2004).
- Played Division I volleyball for The University of Southern Mississippi (1999-2002)
- 8th Grade Coach at Cathedral Carmel
- Coaches at Cajun Elite

Google Form Sign Up Link



Location: The Cajun Elite Facility: 106 Eppler Road Lafayette, LA

### CAMP DETAILS

AGE GROUP: There will be 4 courts for grades: 1<sup>st</sup> grade through 10<sup>th</sup> 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 snacks or a drink/water.*



April 24th and 25th from 10:00am-1:00pm (1<sup>st</sup> - 10<sup>th</sup> grade)

The cost is \$100/camper (\$10 discount if you register and pay by April 17th)

<https://forms.gle/LwhYiW6J6SJM44Jn7>

Fill out the registration form and mail to: Crystal Miciotto Attn: Easter 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

Email: [crystalmiciotto@gmail.com](mailto:crystalmiciotto@gmail.com)

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 # (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 addition, I understand that Crystal Miciotto's Volleyball Camp retains the rights to any and all photographic or video recordings taken of participants and used for advertising or promotion of future camps or volleyball-related activities.

Parent's Signature \_\_\_\_\_