



Facebook page: Crystal Miciotto Volleyball Camp

Website: www.crystalmiciottovolleyball.com

Google Form Link: <https://forms.gle/Jz8uQKBsVP4ZwtGRA>

Crystal Miciotto's 2025 Summer Volleyball Camps

Camp Director: Crystal Miciotto

- 8th Grade Volleyball Coach at Cathedral Carmel School
- Cajun Elite Volleyball Club Coach
- 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, 20+ years of camp experience

Instructors: Cathedral Carmel coaches, STM players; former Cathedral Carmel players

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

AGE GROUP: There will be 4 courts for grades: Advanced Kindergarten 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.*

June 3-5 (Tuesday-Thursday) from 1pm - 4pm \$135/camper (Register by May 27th to Save \$10)

June 18-20 (Wednesday-Friday) from 9am-12pm \$135/camper (Register by June 11th to Save \$10)

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

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

Camper Name: _____ Parent Email: _____

Phone Number(s): _____ Age (during the camp): _____ Grade for 25-26 school yr: _____

Your School: _____ Experience level (circle one): Beginner Intermediate Advanced

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_____ **June 18-20 (Wednesday-Friday) 9am-12pm \$135/camper (Register by June 11th to Save \$10)**

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 CEVF, 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 CMVC 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 _____