

# 2021 Indoor Volleyball Summer Camp at Woodstock Academy

**VOLLEYBALL SKILLS CAMP:** This camp is a great opportunity to learn and develop the proper fundamentals of the game from beginner to varsity level. Courts will be broken down by ability level, coached by High School coaches and Collegiate Players.

**Session 1:** June 21, 23, 28, 30, July 6, 7, 12

**Session 2:** July 14, 19, 21, August 2, 4, 9, 11

**Time:** 5:30-7pm

**Cost per session:** \$125 or \$230/two

**Family Discounts available, call for details.**

**Who:** Girls and Boys entering grades 4-12

\* The camp will take place in the Woodstock Academy North Campus Gymnasium

Director & Coach: Jeff Boshka, Former Woodstock Academy Head Volleyball Coach  
USA Coaches Accreditation Program Certified

Questions? H# (860) 963-2680, C# (401) 864-5283 or E-mail: [jboshka@gmail.com](mailto:jboshka@gmail.com)

Cut on line

## VOLLEYBALL CAMP REGISTRATION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_

Name of School you attend: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Email address: \_\_\_\_\_

The above-named child has my permission to participate in the Volleyball Camp. In case of emergency, I understand every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to the director to obtain, through a physician, or a hospital of choice such medical care as is necessary for the welfare of my child. Any expense arising from injury or illness is the responsibility of parents or their insurance coverage. I will assume all risks and hazards incidental to participation in the Volleyball Camp, including transportation to and from the clinic and will release Woodstock Recreation Department, Woodstock Academy, and the organizers, coaches, and volunteers of the clinic from all liability which may arise by or in connection with participation of my child. We/I understand all risks associated with the program and will not hold the Town or Woodstock Academy liable if my child contracts COVID-19. We/I agree to abide by all State and Federal COVID-19 guidelines followed by this program. If experiencing any symptoms of COVID-19 (examples include fever, cough, shortness of breath, etc.) child will not participate in the Volleyball Camp program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

RETURN COMPLETED FORM AND CHECK payable to:

Woodstock Recreation Department

415 Route 169

Woodstock, CT. 06281

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PAID: Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check Number: \_\_\_\_\_