



# 2018 Brookfield Central Girls Volleyball Skills Camp July 16-18, 2018



**Who:** Girls entering grades 5, 6, 7, 8, and 9

**Location:** Brookfield Central High School

**Time:** Session I: 10:30am – 12:00pm (5<sup>th</sup> & 6<sup>th</sup> grade only)  
 Session II: 12:30pm – 2:30pm (7<sup>th</sup> & 8<sup>th</sup> grade only)  
 Session III: 2:30pm – 4:30pm (Incoming 9<sup>th</sup> grade only)

**Cost:** \$65 per player (checks payable to BCHS Girls Volleyball)

**\*SPACE IS LIMITED TO THE FIRST 30 REGISTERED ATHLETES FOR EACH SESSION\***

- This skills camp will include instruction and drills which focus on passing, setting, hitting, defense, and serving. There will also be time for competition drills and scrimmages.
- Suggested attire & equipment: shorts, t-shirt, socks, kneepads, volleyball or athletic shoes, and a water bottle

This camp is being presented by the BCHS Girls Volleyball staff

Questions? Contact Scott Spiess at [spiessvb@hotmail.com](mailto:spiessvb@hotmail.com)

**Please return registration by June 22, 2018 to:  
 Brookfield Central High School  
 Attn: Scott Spiess, Girls Volleyball Coach  
 16900 W. Gebhardt Rd. Brookfield, WI 53005**

## Registration Form

Participant Name(s): \_\_\_\_\_ Entering Grade (5-9): \_\_\_\_\_

Parent Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt size: YS YM YL S MD LG XL  
 (Circle one)

I hereby authorize my child's participation in the BCHS Girls Volleyball Skills Camp. In the event of an injury/emergency, I give my consent for my child, \_\_\_\_\_, to receive appropriate medical attention. I understand that I will be notified as soon as possible if such an event occurs.

Parent Signature: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

# BROOKFIELD CENTRAL GIRLS VOLLEYBALL