

Registration Form

Registration Deadline is May 22nd

Name _____

Address _____

City _____

State _____ Zip _____

Phone/Home _____ Cell _____

E-mail _____

School _____

T-Shirt Size XS S M L XL

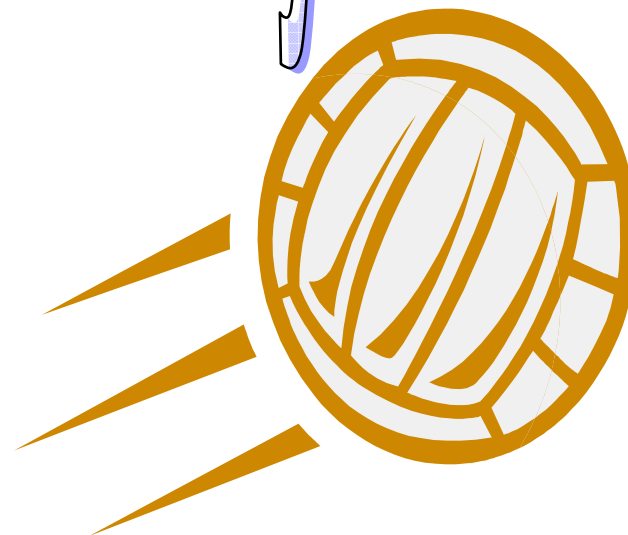
Camp Fee: \$175.00 (Plus \$25 For Lunch)

Make Checks Payable to
Jose Morales Volleyball Camp

Mail Forms and payment to
Elite Volleyball Camp
135 Sweetwater Circle
Crawfordville, Fl. 32327

Amount Paid: \$ _____

Elite Volleyball Camp



**Elementary & Middle School
Girls & Boys**

Lincoln High School

June 7-11

9:00am to 5:00pm

Early Drop off 8am / Late Pick up 6pm

Dr. Jose Morales FIVB III

Latoya Washington & Larry Sparkman CAP II

Elite Volleyball Camp

Individual Skills Camp

I. Basic skills and Fundamentals

- a) Setting
- b) Passing
- c) Serving
- d) Blocking
- e) Spiking
- f) Ind. Defense

Serve Receive Formation

Defense Formation



Typical Daily Schedule:

9:00am	Introduction/session objectives
9:15am	Foot Work / Simple Games
10:00am	Basic Skills simple drills
12:pm-1pm	Lunch (PROVIDED for \$25 Extra)
1:00pm	Combinations Drills
2:00pm	Games/Formations
4:30pm	Physical
5:00pm	End

Intensive teaching and training!

Individual attention!

Free t-shirt

Camp Awards/gift certificates and more!

Registration Deadline

5/22/2010

Any Questions?

Jose Morales 850-509-5065

joesunday@hotmail.com

Medical Release, and Waiver

Name of Participant _____ Date _____

Health History

Allergies Yes _____ No _____

Asthma Yes _____ No _____

Diabetes Yes _____ No _____



Have you had High blood pressure? Yes _____ No _____

Do you have any heart problems? Yes _____ No _____ Describe: _____

Resent Surgery? Yes _____ No _____ Describe _____

Do you wear glasses or contacts? Yes _____ No _____

Are you taking any medications? Yes _____ No _____

List Medications _____

Health Insurance Company _____ Policy # _____

Address _____ City _____ St _____ Zip _____

Parent/Guardian _____ Work Phone _____ Cell _____

Address _____ City _____ St _____ Zip _____

Home Phone _____

Emergency Contact: Name _____ Phone _____

Medical Release

In the event of an emergency, requiring medical attention, I hereby grant permission to any physician, hospital personnel, athletic trainer, and staff designated by Elite Volleyball Camp to attend to my child.

Parent/Guardian Signature _____

State Of _____ County Of _____

Sworn to before me, A Notary Republic, By said _____ Personally to me this _____ Day of _____, 2010. My Commission Expire _____