



SUMMER VOLLEYBALL CAMP

Presented by: Coach Carson Vestergaard and members of the LC Volleyball program



HIGH SCHOOL CAMPS *(Incoming 9th-12th graders)*

HIGH SCHOOL
TEAM CAMP
JULY 27TH - 29TH
2PM - 5PM

All-skills camp for high school girls interested in trying out in August.
Location: **LC Main Gym**
Adult-size T-shirt included *(Make Selection on Back of Form)*
\$50/person
Unlimited capacity

YOUTH CAMPS *(Incoming 5th-8th graders)*

YOUTH CAMP
JULY 19TH - 21ST
9AM - 12PM

All-skills camp for 5th-8th grade girls interested in volleyball, led by the Lumen Christi coaches and Varsity Volleyball team.
Location: **LC Main Gym**
Youth-size T-shirt included *(Make Selection on Back of Form)*
\$50/person
Unlimited capacity

HIGH SCHOOL & MIDDLE SCHOOL CAMPS *(Incoming 7th-12th graders)*

SETTING CAMP
JULY 20TH
1PM - 3PM

Camp for middle and high school girls who are setters or looking to improve their setting skills.
Location: **LC Main Gym**
\$20/person
Unlimited capacity

ATTACKING CAMP
JULY 21ST
1PM - 3PM

Camp for middle and high school girls who are outside, middle, or right-side hitters or looking to improve their attacking skills.
Location: **LC Main Gym**
\$20/person
Unlimited capacity

DEFENSE CAMP
JULY 22ND
1PM - 3PM

Camp for middle and high school girls who are liberos or defensive specialists or who are looking to improve their passing skills.
Location: **LC Main Gym**
\$20/person
Unlimited capacity

Deadline for Registration and Payment is **Monday, July 12, 2021.**



SUMMER VOLLEYBALL CAMP

REGISTRATION

Deadline for Registration and Payment is Monday, July 12, 2021.

Please return registration form and payment to the LC Advancement Office (ATTN: Maureen Brown).
Make check(s) payable to Lumen Christi Catholic School.

CAMP SELECTION(S): _____

VOLLEYBALL CAMP POSITION(S) OF CAMPER: _____

CONTACT INFORMATION:

CAMPER'S NAME: _____

GENDER: (FEMALE) _____ (MALE) _____ DOB _____ GRADE CHILD IS ENTERING: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PARENT/GUARDIAN'S NAME: _____

EMAIL ADDRESS: _____

HOME PHONE #: _____ BUSINESS PHONE #: _____

CELL PHONE #: _____ T-SHIRT SIZE: S M L XL

ADULT YOUTH

Early response guarantees a T-shirt.
Please circle your size selection.

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CELL PHONE: _____

City State Zip

MEDICAL CONTACT

WORK PHONE: _____ DOCTOR NAME: _____

EMPLOYER: _____ PHONE#: _____

ALLERGY INFORMATION/ SPECIAL CONSIDERATIONS:

No group insurance is available. No transportation is provided.
Parent/guardian drop off and pick up. Snacks will be provided. Please have child bring their own water bottle labeled with their name. Water breaks will be frequent. Other labeled personal items can be brought. One application per child. Please drop off form and payment to the LC Advancement office. Cash or Check accepted. For more information contact Maureen Brown: Mbrown@myjac



SCAN HERE FOR ONLINE REGISTRATION
3483 Spring Arbor Road
Jackson, MI 49203
517-841-9203 | lcadv@myjac