

2008 CAMP INFORMATION

A Camp t-shirt will be given to each participant

Skills Camp I - grades 4-9 - **Cost: \$200.00**

2 days: Mon-Tues, July 7-8, 9am-4pm

Skills Camp II - grades 8-12 - **Cost: \$300.00**

3 days: Wed-Fri, July 9-11, 9am-4pm

ABOUT SKILLS CAMPS: The focus will be on individual technical advancement in the skills of serving, passing, setting, hitting, defense and blocking. This will be accomplished through drills, continuous touches of the ball, and putting those skills into game situations. There will be a 1-hour lunch break.

1-Day Setter/Hitter Camps -9am-4pm **Cost: \$100**

July 12th **Setters / Middle Hitters**

July 13th **Setters / Outside (& RS) Hitters**

7 Specialty Camps- 1 night each, 6-9pm **Cost: \$60**

These sessions will concentrate on one skill and are open to all ages and skill levels. Demonstrations and advanced drills will be utilized for each specific session. These intense sessions last 3 hours.

Hitting 7/6	Blocking 7/7
Setting 7/8	Serve Receive 7/9
Defense / Libero 7/10	Serving 7/11
Hitting 7/12	

Complete Registration Form - Part 1 and ↩
 Medical Information - Part 2 (on reverse side) ↩

For more information about camps,

Call **314-293-0249**

E-mail: santiagos_camp@earthlink.net or

Contact **Santiago Restrepo** directly

405-325-8364 at the University of Oklahoma

405-517-4491 cell

E-mail: SRestrepo@OU.edu

Vist our web site: with photos & downloads, and

Camp Website: http://santiago_camp.tripod.com/

Camp Administrator & Webmaster: Susan Noll 314-293-0249

2008 REGISTRATION FORM – Part 1

Name: _____

Home Phone: _____

Address: _____

City/State/ZIP: _____

Date of Birth: _____ Grade: _____ M/F _____

Parent(s): _____

Work Phone: _____

School and/or Club: _____

**Email: _____

(**You will receive a camp confirmation by email if provided)

Check Sessions of Choice ✓

Skills Camp I grades 4-9 7/7-8 _____ **\$ 200**

Skills Camp II grades 8-12 7/9-11 _____ **\$ 300**

1-Day Camps:

Setters / Middle Hitters7/12 _____ **\$ 100**

**Setters/Outside &
 Right Side Hitters**7/13 _____ **\$ 100**

Specialty Camps: (All age groups – Girls & Boys)

Hitting :7/6 _____ **\$ 60**

Blocking :7/7 _____ **\$ 60**

Setting :7/8 _____ **\$ 60**

Serve Receive :7/9 _____ **\$ 60**

Defense / Libero.7/10 _____ **\$ 60**

Serving :7/11 _____ **\$ 60**

Hitting :7/12 _____ **\$ 60**

TOTAL **\$ _____ \$**

Mail form to & make check payable to:

SANTIAGO RESTREPO

2906 Bayberry Ridge Dr.

St. Louis, MO 63129

IMPORTANT! see reverse for Part 2 of Registration ↩

Part 2 Medical Insurance Information & Assumption of Risk

I, the undersigned parent/legal guardian of camper,

_____,
 authorize said child's full participation in the SANTIAGO'S VOLLEYBALL CAMPS, including related camp activities. It is my understanding that participation in the activities at this camp is not without some inherent risk of injury. As such, in consideration of my child's participation in SANTIAGO'S VOLLEYBALL CAMPS, I hereby release, waive, discharge, and covenant not to sue the camp, clinicians, or CHAMINADE PREP HS, or their employees from any liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

I also give my permission for any emergency medical care or treatment by camp trainer, physician, surgeon, hospital, or medical care facility that may be required, including transportation, and I accept responsibility for the cost.

I understand that I am responsible for any expenses associated with treatment of injuries

Camper's name: _____

Insurance Carrier: _____

Policy #: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____

Home Phone: _____

Work/Other Phone: _____