2024 Summer Slam
Volleyball Camp

Coaches: Charli Mader, Raelyn Mader, Tiffani Cunningham, & Alexia Mader
Who: Grades 9-12 (2024-2025 year)
When: July 8 & 9, 2024
Times: 10 am - 1 pm & 3 - 6 pm
Where: Miles Community College (MCC) Gym
Cost: $100.00

This camp is designed for young athletes to gain volleyball knowledge, fundamental volleyball skills, and to enjoy the game as a whole. Camp will include skill development drills, competitions, lots of prizes, and fun games, and each athlete will receive a camp T-shirt. **Please pre-register by June 14th to ensure you receive your T-shirt at camp. If you register the day of the camp, you will still receive your shirt but you may have to collect it after the camp is completed.**

There will be 2 sessions per day:

- **10 am - 1 pm** will focus on skill development of passing, setting, hitting, serving, offensive and defensive positioning, and serve receive
- **3 - 6 pm** will focus on game play using the learned skills

Athlete's Name: _____ 2024-2025 Grade: _____

Address: _____ City, State: _____

Phone Number: _____ Email: _____

Emergency contact name & number: _____

Health Conditions/Concerns/Requirements: _____

_____

T-shirt size: YM YL S M L XL XXL (please circle size)

Please send pre-registration and/or make checks payable to:

Summer Slam Volleyball Camp
919 S Jordan Ave
Miles City, MT 59301

THE FOLLOWING MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO PARTICIPATE IN THE CAMP:

I hereby authorize the staff of Summer Slam and/or Custer County District High School coaches to act according to their best judgment in any emergency requiring medical attention. I, for myself and my child, hereby release Custer County District High School, Miles Community College, and Summer Slam coaching staff from all liability, claims or causes of action from any illness, injury, or death of my child resulting from or incurred during attendance at the camp. I acknowledge that Custer County District High School, Miles Community College, and Summer Slam camp do not provide insurance for the camp's participants.

Parent / Guardian Signature: _____ **Date:** _____

Printed Name: _____