CYPRESS FALLS VOLLEYBALL SKILLS CAMP Philosophy & Goals

Any player who enters a volleyball camp has the right to expect quality coaching and instruction. The Cypress Falls Volleyball Camp strives to provide every athlete with a progressive, structured format in which athletes at all levels receive the most efficient way of executing the basic fundamentals of volleyball.

Our goals are to prepare these young athletes in order to be competitive in their own school setting and to see that each player is challenged and learns as much as possible.

FEE: Registration \$50.00

Includes camp-t-shirt

WHAT TO BRING: Proper attire must be worn - NO JEWELRY!!

T-shirt, shorts, knee pads, shoes and socks

Water Jug

Good Attitudes!!!

8th thru 9th grade - A physical is required to participate
We do not have access to the middle school physicals. Please
bring a copy of your physical to be able to participate.

July 28 - July 31, 2024

Incoming 8th & 9th Graders to Cy-Falls

ALL will attend from 8:00AM - 11:00AM

Online Registration & Online Payment Link below

https://cypress-fairbanksisd.schoolcashonline.com/Fee/Details/205618/135/False/True

Walk Up Registration Form below. Fill out the information below and the back page too. Cash only!

Name		
School attended in 2024-25		
Grade entering 25-26 (circle one)	8 th 9 th	
School entering 2025-26		
T-Shirt Size (Adult sizes) S M L	XL	XXI

Head Coach/Camp Director: Kathy Stephenson kathryn.stephenson@cfisd.net

Assistant Coaches:
Coach Goodlette, Coach Gurany & Coach Scott

Cypress Falls High School 9811 Huffmeister Rd. Houston, TX 77095

STUDENT'S NAME	
CAMPUS	

I hereby give my consent for the above-named student to participate in school athletics including various athletic practices, competition and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, the student needs immediate care and treatment as a result of any injury or sickness. I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, and hospital or school representative.

DATE
NAME OF PARENT OR GUARDIAN
SIGNATURE OF PARENT/GUARDIAN
HOME ADDRESS
CITY, STATE AND ZIP
PHONE NUMBER
PERSON TO NOTIFY IN CASE OF EMERGENCY
RELATIONSHIP TO ATHLETE
EMERGENCY PHONE NUMBER

CY-FALLS VOLLEYBALL SKILLS CAMP 2025 At Cy-Falls High School

7th thru 9th grade - A physical is required to participate

Camp is for athletes only in the Cy-Falls boundary

July 28th - July 31st

Incoming 8th & 9th Graders to Cy-Falls 8:00 AM - 11:00 AM

> STATE CHAMPIONS 2000

2011 State Semi-Finalist
2011 & 2000 Regional Champions
Regional Semi-Finalist
2013,2011,2000,1995
Regional Quarterfinals
2013,2011,2000,1998,1997,1995

Area

2019.2016,2015,2014,2013,2012,2011,2010, 2001,2002,2000,19991998,1997,1995

Bi-District

2019,2016,2015,2014,2013,2012,2011,2010, 2004,2002,2000,1999,2997,1995

PLAY-OFFS

2019,2016,2015,2014,2013,2012,2011,2010,2009, 2008,2007,2004,2002,2000,1999,1998,1997,1995

www.cyfallsvolleyball.com