

Trevecca Trojans Volleyball Summer Camp

Session 1

Grade Level: 9-12

Dates: July 26-30

Time: 9:00 AM-12:00 Noon

Cost: \$50

Location: Moore Gymnasium, campus of Trevecca Nazarene University

Includes: Trevecca t-shirt

Camp numbers: 32

Session 2

Grade Level: 4-8

Dates: July 26-30

Time: 1:00-3:00 PM

Cost: \$30

Location: Moore Gymnasium, campus of Trevecca Nazarene University

Includes: Trevecca t-shirt

Camp numbers: 32

Purpose: Camps are designed to improve the basic skills of volleyball—pass, set, attack, serve, dig, and block. Scrimmage games will be played at the end of each day.

Trained counselors are chosen for their abilities to serve as positive role models and to provide moral leadership.

Both high school team camps and individual camps are held within Trevecca’s newly air-conditioned gym. Campers enjoy productive days in a climate-controlled environment.

What to wear/ bring: t-shirt, shorts, volleyball shoes, socks, knee pads, water bottle

Contact Information

Jayme Crowley, Director & Head Volleyball Coach

Trevecca Nazarene University

Phone (615) 248-1317

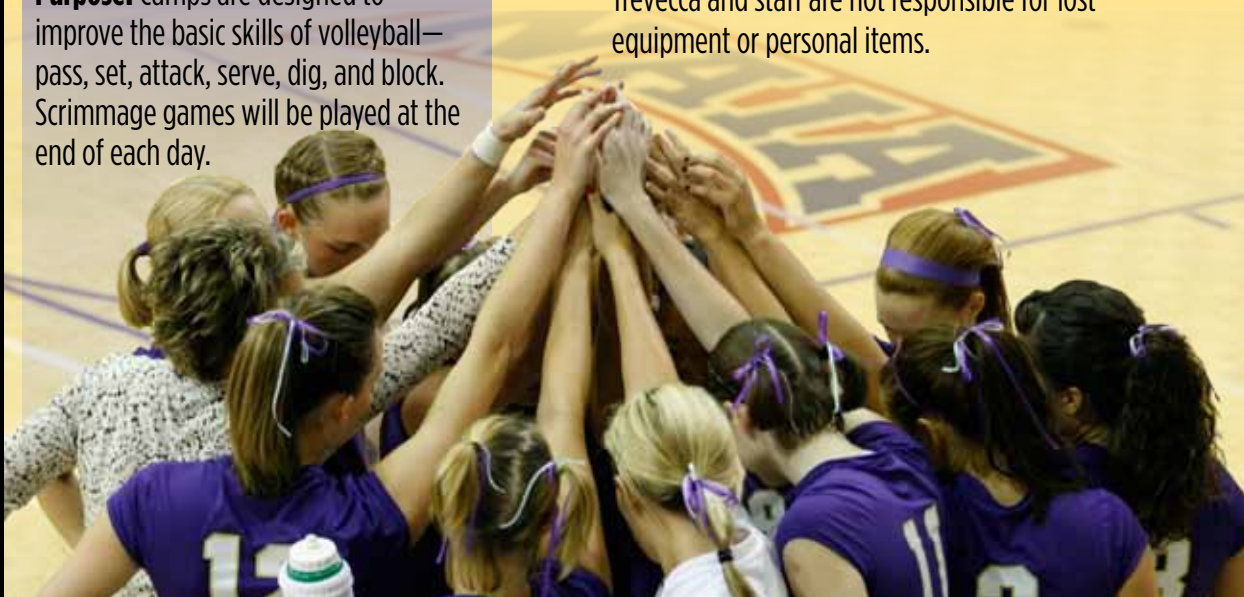
Cell (615) 627-6993

jcrowley@trevecca.edu

www.tnutrojans.com

www.trevecca.edu

Trevecca and staff are not responsible for lost equipment or personal items.



Insurance Information

Medical insurance company name _____

Policy number _____

In an emergency if parents cannot be reached, please notify

Name _____

Relationship _____

Phone number _____

Family doctor _____

Phone number _____

Known allergies/drug reactions _____

Do you have Asthma? _____

Do you have Diabetes? _____

Last Tetanus shot or booster _____

List of medications currently taking _____

Insurance is not provided by Trevecca Nazarene University.

I, the undersigned parent or guardian, do hereby authorize the athletic trainer or coaches at camp to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary.

It is understood that, in any event, an attempt will be made to contact the parent before treatment is started.

I, the undersigned parent or guardian, understand that Trevecca Nazarene University does not provide medical insurance for my child and certify that my child is physically fit to attend camp and participate in all camp activities.

Parent’s or Guardian’s Signature _____

Date _____

Camp Registration Form

Camper's name _____

Street address _____

City, state, zip _____

Home phone _____

Parent's name _____

Parent's e-mail _____

Parent's cell phone _____

Age _____ Grade next fall _____

Adult T-shirt Size (Please circle one)

S M L XL

A deposit of \$25 or full payment must accompany each enrollment form. Balance is due at camp check-in. Registration deadline is one (1) week prior to camp. Checks should be made payable to TNU Volleyball. Deposit is non-refundable. No refunds will be made to early checkouts.

All campers must be pre-registered (registration form completed, registration fees paid, and signed medical waiver completed).

Mail deposits and this form to

Trevecca Nazarene University
Girls Volleyball Camps
333 Murfreesboro Road
Nashville, TN 37210


TREVECCA
NAZARENE UNIVERSITY
Trojan Volleyball
333 Murfreesboro Road
Nashville, TN 37210-2877
(615) 248-1271



TROJAN
Volleyball
Summer Camp