



2021 VOLLEYBALL SUMMER CAMP

9:00 AM - NOON

AGES: Boys and Girls 11-15

COST: \$100*

CAMP DIRECTOR:

Archbishop Curley Head Coach Joe D'Adamo '70

TO REGISTER ONLINE PLEASE VISIT:

www.archbishopcurley.org/about/summer-camps

CONTACT:

jd lax52@gmail.com

**Includes camp t-shirt.*

JULY 26-30

Camp skills will include the introductory basics of volleyball: passing, setting, hitting, blocking, serving & digging.

The rules of the game will also be presented as well as competitive strategy and the opportunity to play the game.

SIGN UP TODAY!



**ARCHBISHOP
CURLEY**
HIGH SCHOOL

ARCHBISHOP CURLEY HIGH SCHOOL
3701 SINCLAIR LANE
BALTIMORE, MD 21213

PHONE: 410-485-5000 EXT. 281



CURLEY VOLLEYBALL SUMMER CAMP 2021 ENROLLMENT

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3701 SINCLAIR LANE, BALTIMORE, MD 21213
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CAREFULLY READ THE INFORMATION ON THIS FLYER BEFORE COMPLETING AN APPLICATION.
TO ENROLL MULTIPLE CHILDREN, PLEASE PHOTOCOPY THIS FORM.

JULY 26-30 X \$100 = \$ _____
TOTAL = \$ _____

NAME OF CAMPER: _____

T-SHIRT SIZE: (PLEASE CIRCLE): YOUTH M YOUTH L S M L XL 2XL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

AGE: _____ DATE OF BIRTH: _____ GENDER: _____ GRADE ON 9/4/21: _____

CURRENT SCHOOL: _____

ALLERGIES & OTHER HEALTH CONCERNS: _____

MEDICATION TAKEN REGULARLY: _____

INSURANCE WAIVER PERMISSION: The undersigned parent/guardian, individually and collectively, authorizes the Director of each camp or his designee, in his discretion, to obtain and consent to medical treatment for the camper named above. In consideration for the opportunity for the camper to participate in the Archbishop Curley Summer Camps Program, the undersigned parent agrees to waive and release Archbishop Curley High School and the Roman Catholic Archdiocese of Baltimore from any and all claims, liability and rights to damages for injuries and losses suffered by the camper, or the undersigned, arising out of the camper's participation in the Archbishop Curley Summer Camp Program. I/We acknowledge that the camper is required to comply with all rules, regulations and instructions of the Archbishop Curley Summer Camp Program and its staff.

PARENT/GUARDIAN NAME (PLEASE PRINT): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (REQUIRED): _____ DATE: _____

WORK PHONE: _____ HOME: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

TO PAY ONLINE: WWW.ARCHBISHOPCURLEY.ORG/ABOUT/SUMMER-CAMPS

AMOUNT ENCLOSED: \$ _____ PAYABLE TO ARCHBISHOP CURLEY HIGH SCHOOL

AMOUNT TO BE CHARGED: \$
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ACCOUNT NUMBER: _____ - _____ - _____ - _____ EXPIRATION: ____/____

NAME ON CARD: _____

SIGNATURE: _____