2024 SOUTH FAYETTE YOUTH VOLLEYBALL CAMP

@ South Fayette Middle School

For BOYS & GIRLS entering 3rd, 4th, 5th, 6th, or 7th in the 2024-25 school year

June 10th, 11th and 12th

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VOLLEYBALL DEVELOPMENT CAMP

This camp is specifically designed to introduce and develop fundamental volleyball techniques and skills including passing, setting, hitting, serving, and game play. During each day a different aspect of athletic development will be discussed including flexibility and balance, strength training, movement skills, footwork, and jumping technique. This camp program is intended for

all skill levels. No prior experience is necessary.

When: June 10th, 11th, & 12th

Times:

- Session
 - o 9:00-11:30
 - Additional sessions may be added depending on enrollment

Location: SF Middle School Gym

Cost: \$100 (includes camp t-shirt) Make checks payable to **Scott Sundgren**





Camp Director

Coach Scott Sundgren is the head volleyball coach for both the high school and middle school teams. He has held this position for the past 25 years. In that time, the team has made 21 WPIAL playoff appearances, including seven final four matches, two finals, and six PIAA state playoff births. He has coached all level of players from youth to Division 1.

For more information or another registration form, please contact Coach Sundgren.

sesundgren@southfayette.org

412-221-4542 ext. 701

Camp Registration Form - 2024

please print neatly

| CAMPER'S NAME | | |
|--|---|-----|
| STREET ADDRESS | | |
| CITY | STATE | ZIP |
| HOME PHONE | | |
| EMAIL | | |
| EMERGENCY CONTACT | NAME | |
| EMERGENCY CONTACT | PHONE NUMBER | |
| T-shirt size - Ple (If no size is selected, a you | ase circle one uth medium will be purchased) | |
| Youth – S M Adult – S M | | |

GRADE ENTERING 2024-2025

AGE

Group Insurance #

Insurance Agreement #

I understand that South Fayette does not carry medical or accident insurance for those attending this camp and I hereby certify that my child is covered by a personal insurance policy or is included in a medical policy in which I have in force. I hereby authorize routine medical care for the above name attendee and I authorize treatment not considered routine to be referred to local physicians and medical facilities at my cost.

Parent's Signature

Date

Please send or drop off this registration form to:

South Fayette Intermediate School Attn. Scott Sundgren, Volleyball Coach 1200 Lt. Will Way McDonald, PA 15057