



# Coastal Bend College Summer Volleyball Camps July 24 - 29

The Peter S. Marecek Physical Fitness Center

## High Performance Camp July 24<sup>th</sup> & 25<sup>th</sup>

9:00 am to 4:00 pm Cost: \$60



This intensive camp is designed to strengthen and develop skills for experienced volleyball players. The camp focuses on learning new techniques for the game, increasing tactical awareness and developing better skills in a position specific environment. Groups will be split by age, experience and athleticism. The staff will include area collegiate volleyball players, area high school and club coaches. All sessions will be held in the climate-controlled Peter S. Marecek Physical Fitness Center. All campers will receive lunch provided by CBC Food Services and a Coastal Bend College Volleyball T-shirt. Ages 12-18 are encouraged to attend.



## Setter / Hitter Clinic

July 26<sup>th</sup>

9:00 am to 3:00 pm Cost: \$40

Single day camp is designed to reinforce proper mechanics and technique for experienced players as well as improve attacking and settings for the intermediate player. This camp's goal is to increase tactical awareness and developing better attacking and setting skills. High school Ages 13-18 are encouraged to attend. Groups will be split by age, experience and athleticism. All campers should bring their lunch for this camp.

## “Rust Buster” All-Skills Camp July 27<sup>th</sup> – July 29<sup>th</sup>

9:00 am to 4:00 pm Cost: \$100



Volleyball season is almost here, so knock that rust off all parts of your game at this three (3) day camp that is designed to reinforce proper mechanics and technique for experienced players as well as introduce basic skills for the beginning player. This camp is appropriate for all players and will include a heavy emphasis on skill development in a fun environment. Ages 12-18 are encouraged to attend. All sessions will be held in climate-controlled Marecek Physical Fitness Center. Groups will be split by age, experience and athleticism. All campers will receive lunch provided by CBC Food Services and a Coastal Bend College Volleyball T-Shirt.

**All sessions are led by CBC Volleyball Head Coach Paul Cantrell who brings 25+ years of volleyball coaching experience at the NCAA Division I, II, III; NAIA; USCAA; Club and High School levels. All Coastal Bend Volleyball Camps will feature a low (10-1) player coach ratio to make sure you get the BIG CAMP EXPERIENCE at small camp price!**

[Registration Form on the Back](#)

# Coastal Bend College Summer Volleyball Camp Registration Form

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

_____	<b>High Performance Camp - July 24 - 25</b>	<b>\$60</b>
_____	<b>Setter / Hitter Clinic – July 26</b>	<b>\$40</b>
_____	<b>“Rust Buster” Camp – July 27 - 29</b>	<b>\$100</b>
_____	<b>Coastal Bend College Faculty/Staff Discount – Take \$5 off per session!</b>	
_____	<b>Total Due</b>	

**Coastal Bend College Volleyball**

**T-Shirt Size: (circle one)**

**Youth Large                  Adult Small**

**Adult Medium                Adult Large**

**Adult X-Large              Adult XX-Large**

**QUESTIONS?**

**Call Coach Paul Cantrell**

**361-354-2721**

Mail Registration:            **Coastal Bend College Volleyball**  
    **3800 Charco Road**  
    **Beeville, TX 78102**

Make Checks Payable: **Coastal Bend College**

Credit Card Payments: **Major Credit Cards Accepted at Registration for Each Session\***

## Medical Care Consent & Release Form

(Please read carefully and sign below)

I certify that my child is in good physical health and has my permission to participate in all the activities associated with the Coastal Bend College Volleyball Program. I authorize the directors of the camp to act in their best judgment in any emergency requiring medical attention. I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child if I am unable to be reached in an emergency. I understand that neither Coastal Bend College, the camp directors, nor anyone else connected with the camp assumes any responsibility for accidents (medical or dental) or other injuries incurred because of attendance at this camp. I will furnish insurance for my child. **I give my permission for Coastal Bend College to photograph your child during their participation in camp activities for the use on Coastal Bend College’s social media accounts and/or promotional materials.**

\_\_\_\_\_  
Parent / legal guardian

\_\_\_\_\_  
Date

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Medical conditions, food allergies, environmental allergies and/or limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*credit card convenience fee of 2% may apply.