

## 2017 OHS Volleyball Camp

### Boys and Girls Camp

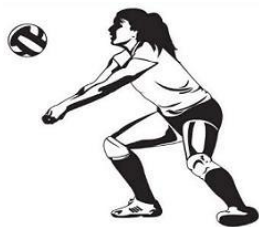
This camp is for returning varsity players and girls planning to try out for junior varsity and varsity volleyball in the fall and for the middle school program.

In addition to skill training, special emphasis will be placed on offensive and defensive systems.

This camp is highly suggested for students intending to try out for a middle school and high school team.

Players should expect to have fun while developing volleyball skills, regardless of experience. Individual and team concepts will be stressed and developed by the OHS coaching staff.

Skills will range from general to advanced, including basic volleyball techniques (Serving, passing, setting, and attacking, blocking, conditioning, agility drills, offensive play, defensive play, and team concepts.



Participants need to bring water, kneepads, and appropriate volleyball attire for competition. All camps include a free T-shirt. Please fill out a registration form for each athlete.

Please email

Coach Mani if you have any questions.

[coachmani2014@gmail.com](mailto:coachmani2014@gmail.com)

#### CAMP LOCATION

The camp will be held in the Shark Tank gym on the Oasis High School campus.

## VOLLEYBALL

### Boys and Girls Team Camp

June 5 - 9

#### *Technique Camp*

3 PM to 6 PM

**\$110 by JUNE 5 / \$125 after**

## VOLLEYBALL

### Boys and Girls Team Camp

June 19 - 23

#### *Position Camp/ Offense/Defense*

3 PM to 6 PM

**\$110 by JUNE 19 / \$125 after**



#### *Coaching Staff*

The camp will be directed by  
Coach Manuel (Mani) Llana  
Head Coach of Oasis High School Volleyball

#### Questions:

[coachmani2014@gmail.com](mailto:coachmani2014@gmail.com)



#### *CUT OFF PORTION TO TURN IN*

Mail or give completed applications and payment to:  
Oasis High School  
3519 Oasis Boulevard  
Cape Coral, Florida 33914

All checks should be made out to  
**OASIS HIGH SCHOOL.**  
Please add **VOLLEYBALL CAMP** in the memo.

#### WAIVER

(Must be completed by parent or legal guardian)

In the event that my child is injured or becomes ill while attending the 2017 Shark Volleyball Camp, I give my permission for the staff to seek medical attention if deemed necessary under the existing conditions. I release Oasis High School and the coaching staff from any claims from injuries sustained during the camp. I also certify that my child is in good physical health and that he/she will notify staff members of any conditions that may impair his/her ability to participate in all camp activities.

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

#### CAMP APPLICATION

Circle T-shirt size: YL   S   M   L   XL

(Please Print)

Camper's name: \_\_\_\_\_

Age: \_\_\_\_\_ Fall 2017 Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)