

# Summer 2024 Volleyball Camp

\*Sponsored by the Catoctin HS Athletic Boosters\*

**Shaun Calhoun Director / Allison Calhoun Assistant Director**  
*Assisted by Past and Present Lady Cougar Volleyball Players*



**Clinic Fee: \$130- Half Day Camp**  
**\$160- Full Day Camp**

**Dates: July 22, 23, 24 2024**

**Half Day:** 9 am – 12 pm

**Full Day:** 9-3:30 (Mon, Tue) 9-noon (Wed)

**Who:** For students entering grades 5-9 (Fall of 2024)

**Location:** Gym @ Catoctin High School

*Space is limited. Register early!*  
*Refunds will be given if summer plans change*

**On Wednesday Parents are welcome to come watch starting at 11:00 to watch Game Play Skills & Awards**

*The objectives of the camp are as follows*

- *Build confidence and self-esteem of our athletes*
- *Develop good sportsmanship & Practice Skills*
- *Learn and review the fundamentals of volleyball*
- *Increase each Athlete's desire & ability to*

## Registration form: Lady Cougar Volleyball Camp

By signing below, I agree that in case of an accident involving my child while attending this camp & with full awareness that volleyball is an activity that may involve injury, I release the camp, Catoctin H.S., Catoctin H.S. Athletic boosters, FCPS, directors, employees and associated personnel from any and all liability. In case of emergency I give permission to the camp director to promptly transport my child to a medical facility for care. I understand & agree that I will be responsible for all medical bills & costs that may be incurred as a result of medical care and treatment of my child. I hereby approve my child's attendance at the Lady Cougar Volleyball Camp and I certify that my child is in good health and able to participate in the program. By signing you are also agreeing to a Photo Release, photos will be shared on Catoctin High Facebook page. Please write NO PHOTOS on form if choose to not be included in group photos.

Campers Name: \_\_\_\_\_

Grade: Fall 2024: \_\_\_\_\_

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

Insurance # & Policy #: \_\_\_\_\_

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

Phone Number/s : \_\_\_\_\_

Camp T shirt size: All adult sizes please circle one:      small                  medium                  large      x-large

Please Circle Your Option:      Half Day                  Full Day (Please pack a lunch, Afternoon Snack will be provided)

*Payment is to be made in full with registration.*

Parent Guardian Printed Name \_\_\_\_\_ Parent Signature: \_\_\_\_\_

These materials are neither sponsored nor endorsed by the Board of Education of Frederick County, the Superintendent, FCPS, or any FCPS school. Proceeds from the camp/clinic may be used to pay coaches. The volleyball camp/clinic is not a licensed daycare provider.

### Contact for Questions:

**Coach Shaun Calhoun** [shaun.calhoun6170@gmail.com](mailto:shaun.calhoun6170@gmail.com) or      **Coach Allie Calhoun:** [allie.calhoun@yahoo.com](mailto:allie.calhoun@yahoo.com)



Make checks payable to Catoctin H.S. Athletic Boosters  
Mail registration and payment to:  
Catoctin H.S. Athletic Boosters c/o Lady Cougar Volleyball Camp  
14745 Sabillasville Rd. Thurmont MD, 21788

