

# 2025 Little Patriots Volleyball Camp

## Incoming 4<sup>th</sup> – 6<sup>th</sup> Grade

## Incoming 7<sup>th</sup> & 8<sup>th</sup> Grade

### July 22<sup>nd</sup> & 23<sup>rd</sup>

Goose Creek Memorial High School Volleyball Coaching staff invites all incoming 4<sup>th</sup> through 8<sup>th</sup> graders to attend summer volleyball camp at **GCM in the Competition gym**. The camp aims to provide a fun and positive learning environment for the camper to learn basic skills and volleyball rules. These skills include passing, setting, hitting, serving, blocking, offense, and defense.

**Camp Registration: \$60.00 (includes t-shirt)**

**The camp Deadline for registration to guarantee a t-shirt is June 30<sup>th</sup>, 2025**

|                              |   |   |   |    |     |  |
|------------------------------|---|---|---|----|-----|--|
| T-Shirt Size (circle) Youth: | S | M | L |    |     |  |
| T-Shirt Size (circle) Adult: | S | M | L | XL | XXL |  |

| <u>Incoming Grade</u>                   | <u>Time</u>         | <u>Location</u>     |
|---|---------------------|---------------------|
| 4 <sup>th</sup> through 6 <sup>th</sup> | 8:00 am - 10:00 am  | GCM Competition Gym |
| 7 <sup>th</sup> & 8 <sup>th</sup>       | 10:30 am - 12:30 pm | GCM Competition Gym |

**If writing a check, Please make all checks payable to GCM Volleyball.**  
**All checks must have a valid Texas driver's license and phone number.**

**Please fill out the form below and mail it along with your payment to:**

Goose Creek Memorial High School c/o Alicia Nava  
 6001 E Wallisville Rd  
 Baytown, TX 77521

If you have any questions, please feel free to contact Head Volleyball Coach - Alicia Nava at [alicia.nava@gccisd.net](mailto:alicia.nava@gccisd.net)

If you would like to fill out the registration form online instead of mailing this form in, here is the link:  
<https://forms.gle/AGXtmWE9cbhPPG2v6>

**Submitting the online registration form without payment will only secure a camper's spot. You can pay on the first day of camp.**

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Release of Liability and Waiver:**

I permit my child to enroll in the GCM Patriot Volleyball Camp and be physically fit to participate. I will not hold Goose Creek CISD, Goose Creek Memorial High School, or the appointed staff responsible in case of accident/injury or loss because of participation in these activities. I also agree to follow all instructions and procedures to maintain a maximum level of safety. I understand that the Goose Creek Memorial High School DOES Not carry accident/health insurance to cover participants or spectators in any program. I appreciate your cooperation.

Participant Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_