

2025 Little Patriots Volleyball Camp

Incoming 4th – 6th Grade

Incoming 7th & 8th Grade

July 23rd & 24th

Goose Creek Memorial High School Volleyball Coaching staff invites all incoming 4th through 8th 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 30th, 2025

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|------------------------------|---|---|---|----|-----|
| 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 th through 6 th | 8:00 am - 10:00 am | GCM Competition Gym |
| 7 th & 8 th | 10:30 am - 12:30 pm | GCM Competition Gym |

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**

Please make all checks payable to GCM Volleyball.

All checks must have a valid Texas Driver's License and phone number.

If you would like to register online, here is the Google form link:

<https://forms.gle/AGXtmWE9cbhPPG2v6>

Or scan the QR Code below.



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

Submitting the online registration form without payment will only secure a camper's spot. You can pay on the first day of camp, but a shirt is not guaranteed.

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: _____