



2011 Carolina Select Volleyball Camp July 18th – 21st

CSVB Camp: 8:30am – 12:00pm (Rising 6th – 9th graders)

Fundamentals and advanced techniques will be the goal of this camp. Basic skills of serving, passing & setting will be included. Advanced skills will include hitting and blocking. Players will be introduced to court positioning with an emphasis on serve receive & court movement. Athletes will receive individual and group instruction in team offense and team defense.

Location: Newton Parks and Recreation Center
23 South Brady Avenue
Newton, NC 28658-3307

Grades: Rising 6th – 9th
Dates: Monday, July 18 – Thursday, July 21st
Time: 8:30am – 12:00 noon
Fee: \$100.00 (includes Carolina Select Camp T-shirt)
(Maximum # of players- 28)

What to bring with you:

*Dress for activity, shorts or spandex, tennis shoes, water bottle and knee pads are recommended.
Current Physical (must be within the last year)*

Leesa Godfrey: (Camp Director)

Carolina Select Volleyball Club Coaching Director. Leesa has a over a decade of coaching experience and has coached with numerous camps, rec teams and club teams. She is certified thru USAV and Gold Medal Squared.

Terri Fulbright: *All Conference Player for ACHS; Player of the Year NW4A conference; CVCC '06-'08 Middle Blocker; While at CVCC Terri was awarded MVP, Player of the Year, and named to the All Region & All Tournament Teams; Assistant Coach-CVCC; Coach of Burke County Volleyball Club 2008 – 2009 Season; Coach of Carolina Select 2009-2011.*

Jesse East:

Jesse has just completed his 2nd year of coaching with Carolina Select. He is a graduate of NCSU and is a teacher and Head Volleyball Coach at Hickory Christian Academy.

Camp fee must be paid in full by July 12th to secure your spot in the camp. Please mail check with application.

Make Checks payable to:

Carolina Select Volleyball Club
85 Ben Eller Lane
Taylorsville, NC 28681

For Information contact: lgod@charter.net
Leesa Godfrey: 828-256-1900

Registration Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ (fall of 2011) School: _____ Shirt Size: _____

Phone #: _____ Cell Phone #: _____

Emergency Contact Info: Name _____ Phone #: _____

Parent email: _____

I give my child permission to participate in the Carolina Select Volleyball Camp. I understand the Newton Parks and Recreation Department or staff will not be responsible for any accidents or injuries to my child. I agree to give Carolina Select permission to photograph my child and to place her picture on the CSVB club website.

Parent or Guardian _____ Date: _____

Insurance Information:

Company: _____

Name of policy owner: _____

Policy #: _____ Group #: _____

Address: _____

Phone #: _____

Special Medical Conditions: _____

Allergies: _____

I hereby allow my child, _____ to receive medical treatment for any condition of injury while attending Carolina Select volleyball camp. I understand I am responsible for any expense incurred on her behalf related to injury or treatment.

Signed: _____ Date: _____