

# **CYPRESS FALLS VOLLEYBALL SKILLS CAMP Philosophy & Goals**

Any player who enters a volleyball camp has the right to expect quality coaching and instruction. The Cypress Falls Volleyball Camp strives to provide every athlete with a progressive, structured format in which athletes at all levels receive the most efficient way of executing the basic fundamentals of volleyball.

Our goals are to prepare these young athletes in order to be competitive in their own school setting and to see that each player is challenged and learn as much as possible.

**FEE:** Pre-Registration     \$60.00 4/12/19 - noon 7/29/19  
Includes camp-t-shirt

**WHAT TO BRING:** Proper attire must be worn - NO JEWELRY!!  
T-shirt, shorts, kneepads, shoes and socks  
Water Jug  
Good Attitudes!!!

7<sup>th</sup> thru 9<sup>th</sup> grade - A physical is required to participate

**July 29 - July 31  
Incoming 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Graders  
& 9<sup>th</sup> Graders to Cy-Falls**

**8:00AM - 11:00AM**

## **Online Registration & Online Payment**

Step 1: Go to [www.cyfallsvolleyball.com](http://www.cyfallsvolleyball.com)

Step 2: Click on the Camp button

Step 3: You will have 2 options.

- Option 1: Pay online April 12-June 30  
E-check, Credit or Debit card  
\$60.00
- Option 1: Pay online July 1-noon July 29  
E-check, Credit or Debit card  
\$60.00
- Option 2: Walk up payment on July 29.  
Cash or money order only  
\$60.00 (t-shirt not guaranteed)

NO checks can be accepted!!!!

Step 4: Click on Online Payment  
Complete information and submit  
Print receipt or write receipt # down for  
the registration form

Step 5: Click on Online Registration  
Fill in all required information and Submit

\*Why the different payment options? 1. We would like to have the girls registered ASAP for t-shirt ordering and prep. 2. The CFISD financial year ends on 6/30 and the account #'s don't roll over. 3. For your convenience.

STUDENT'S NAME \_\_\_\_\_

CAMPUS \_\_\_\_\_

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competition and camps. I understand it is my responsibility to provide health insurance coverage for the student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, the student needs immediate care and treatment as a result of any injury or sickness. I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, and hospital or school representative.

DATE \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

RELATIONSHIP TO ATHLETE \_\_\_\_\_

EMERGENCY PHONE NUMBER \_\_\_\_\_

# CY-FALLS VOLLEYBALL SKILLS CAMP 2019 At Cy-Falls High School

7th thru 9th grade - A physical is required to participate

**\*\*Camp is for athletes only in the Cy-Falls boundary\*\***

**July 29 - July 31  
Incoming 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Graders  
& 9<sup>th</sup> Graders to Cy-Falls  
8:00 AM - 11:00 AM**

**2000 5A STATE CHAMPIONS  
2011 5A State Semi-Finalist  
2013 5A Regional Semi-Finalist  
1995 5A Regional Semi-Finalist**

**PLAY-OFFS: 1995, 1997, 1998, 1999,  
2000, 2002, 2004, 2007, 2008, 2009,  
2010, 2011, 2012, 2013, 2014, 2015, 2016**

**Sample Form.  
Only fill in online!**