



# HENRY M. GUNN HIGH SCHOOL

PRESENTS

## 2009 SUMMER VOLLEYBALL CAMPS

Gunn High School is proud to announce our summer volleyball camps for 2009! Open to all middle school, junior high school and 9th grade girls interested in learning and/or improving their volleyball skills. Campers will learn and practice the basic fundamentals of volleyball, including hitting, passing, setting, offensive skills, defensive skills, positions and more.

The camp will be run by first-year varsity head coach Kevin Hwang. For the past six years, Kevin has been a coach at Archbishop Mitty High School, where he has been a part of six consecutive CCS championships, six consecutive Norcal championships, and three State championships. Kevin also coaches boys volleyball at Mission San Jose High School in Fremont.

Kevin is the co-director and co-founder of Endline Volleyball Club. His club coaching experience also includes two seasons with Eclipse Volleyball Club and some time as a volunteer assistant for Vision Volleyball Club.

Coaches for the volleyball camp will include current varsity players, members of the Gunn High School volleyball coaching staff, and guest coaches.

Come join the fun, meet new people, and improve your volleyball skills!



DATES AND TIMES	
<b>Dates</b>	August 3 - August 7
<b>Times</b>	Session I: 9am - 11am for 6th Graders and younger at the time of the camp.  Session II: 2pm - 4pm for 7th - 9th graders at the time of the camp.
<b>Cost</b>	\$135 per session  Make checks payable to: <b>Gunn Sports Boosters - Volleyball</b>
All campers will receive a free Gunn Volleyball Camp tee shirt!	



## REGISTRATION FORM

Fill out this section and return it along with your check to:

Gunn High School Volleyball  
c/o Kevin Hwang  
780 Arastradero Road  
Palo Alto, CA 94306

### 1. WHICH SESSION ARE YOU ATTENDING?

Check one:     Session I     Session II

### 2. BEHAVIORAL CONSENT POLICY

I acknowledge that behavior by my child deemed egregiously disruptive, disrespectful, or in appropriate in the judgement of any Camp Counselor may result in dismissal from the volleyball camp without refund.

I have read and understand the Behavioral Consent Policy.

### 3. MEDICAL CONSENT POLICY

I authorize the Camp Counselors to act on my behalf according to their best judgment in any emergency requiring medical attention. I understand that my child must have current and active medical insurance before he/she can participate in the camp(s). I hereby waive and release Gunn High School and all Camp Counselors from any liability for any injuries and illnesses incurred by my child while participating in the camp(s).

I have read and understand the Medical Consent Policy.

### 4. CAMPER INFORMATION

Camper Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

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

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

Tee Shirt Size (circle one):    XS    S    M    L    XL

Grade (at time of camp): \_\_\_\_\_

School Enrolled (at time of camp): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_