



LEARN TO BE YOUR BEST FROM THE BEST

Come and learn the skills, techniques, and tactics that have made the Maryland Volleyball Program one of the top boy's clubs in the Nation. Whether a beginner or advanced player, you'll receive the instruction you need to improve your game for the season ahead and beyond!

USA Volleyball
Junior Olympic Volleyball
Nationals

2009 Open Division – 17's & 14's

2008 Open Division – 18's

Boys East Coast Championships

2009 – 14's Gold

2008 – 18's Gold, 16's Bronze

2007 – 18's Silver, 12's Gold

1996 – 18's Gold

1994 – 18's, 16's, 14's Gold

1993 – 18's Gold



MARYLAND VOLLEYBALL PROGRAM

in cooperation with

CHAMPIONS FIELD HOUSE

presents

2009 Maryland Volleyball Program Camps

BOYS' HIGH SCHOOL AND MIDDLE SCHOOL CAMP (Grades 12 & under)

August 3-7, 2009
9:00am - 4:00pm

at Champions Field House
40 Southlawn Ct. · Rockville, MD 20850.
Check out www.mvppvolleyball.net
for camp attendance information!

Deadline for all applications is
JULY 20, 2009

Cost: \$250.00

*Special Discount \$225.00 - if application
received by July 6, 2009*

MAXIMUM OF 36 CAMPERS
(first 36 applications received)

ALL Participants will receive:
Camp T-shirt
Videotape evaluation and analysis
Discounted price for Molten Pro-Touch

NAME _____

BIRTHDATE _____

2008-2009 GRADE _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE () _____

SCHOOL _____

HEIGHT _____

BEGINNER _____ HITTER _____

INTERMEDIATE _____ SETTER _____

ADVANCED _____ ,MIDDLE _____

E-MAIL _____

T-SHIRT SIZE . _____ LARGE _____ X-LARGE

**MAKE CHECKS PAYABLE TO: MARYLAND
VOLLEYBALL PROGRAM**

(Participant's Signature)

(Parent/Guardian Signature)

MAIL TO: Maryland Volleyball Program
6504 Westmoreland Avenue
Takoma Park, MD 20912

Waiver and Release Form

2009 BOYS VOLLEYBALL CAMP

We/I hereby give our/my consent and approval to the participation of the applicant in the camp conducted by the Maryland Volleyball Program and certify that this participant is physically fit to take part in all activities. Further, we/I do hereby waive, release and forever discharge said organization from any and all claims for damages occurring during their/my stay at the camp, whether said accident, injury or loss is due to negligence or not. We/I give my permission for my son/myself to be treated by a qualified athletic trainer or licensed physician.

Signature of Parent/Guradian or Adult:
(Must be at least 18 years of age)

*Note: Application will not be accepted unless waiver is signed and returned in full.



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