



2024 GIRLS VOLLEYBALL CAMP



The Bellport High School Volleyball Team is offering a Volleyball Camp this summer designed specifically for girls!!

DIRECTORS: Samantha Colombo – Bellport Volleyball Coach
Ellen Hoffman - Bellport Volleyball Coach
Jamie Trowbridge – Bellport Volleyball Coach

STAFF: High School Coaches and College volleyball players
DATES: Mon. July 1st through Wed. July 3rd
Mon. July 8th through Thurs. July 11th
SITE: Bellport High School, Brookhaven NY

ENROLLMENT IS LIMITED TO 60 APPLICANTS PER SESSION

9:00 a.m. – 12:00 p.m. (Session 1 – 3 days)

9:00 a.m. – 12:00 p.m. (Session 2 – 4 days)

SESSION 1 Girls entering 4th through 8th grade as of 9/24 July 1st– July 3rd
SESSION 2 Girls entering 8th through 12th grade as of 9/24 July 8th – July 11th

CAMP COST: \$100 Pre-registration Program (Up to June 26th) Includes: T-Shirt
\$120 (After June 26th up to start of camp) (if pre-registered)

NO REFUNDS AFTER THE FIRST DAY OF CAMP

Questions regarding the program call: 631-965-1933 or ehoffman@southcountry.org or
631-576-6167 or SaColombo@southcountry.org

Make checks payable to: Bellport High School (please include phone number on check)

Send checks to: Ellen Hoffman
8 Country Club Rd.

CASH IS PREFERRED Bellport, NY 11713

VOLLEYBALL CAMP 2024

Name _____
Address _____
Town _____
Phone # _____ Date of Birth _____ Age _____
New Player _____ Returning Player _____
Grade Entering 9/24 _____

CIRCLE SESSION:

Session 1- 7/1 – 7/3, 4th – 8th

Session 2- 7/8 – 7/11, 8th – 12th

PLEASE CIRCLE T-SHIRT SIZE: (ADULT SIZES ONLY)

SM. MED. LG. XL.

Registration and Insurance Fees are Non-Refundable

I/We, the parents of the above named child, hereby give consent for participation in the activity and do claim that he/she is in perfect physical condition to participate in said activity. Furthermore, I/we, the parent(s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current session. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the South Country School District., associated organizations, the organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of an injury to my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

Parent(s)/Guardian Signature _____

Date _____

Parent email _____