

is hosting

Gold Medal Squared Volleyball

Camp for: Girls & Boys V, JV & JH

GMS camp represents over 200 years of coaching experience & the scientific study of teaching volleyball at all levels. These methods are used in most of the elite gyms throughout the country. These methods have won Olympic Medals, National Championships, Jr. National Championships along with many Regional & State Championships. Additionally, what sets GMS apart from the competition is that they provide a consistent product. We have refined our system over more than 20 years of doing camps, bringing an un-matched level of experience. Players receive a tremendous amount of court time from professionals, approx. 28 hours & 12-15 players per court.

Dates: July 16, 17, 18 & 19, 2018

Time: 7:30 am---4:00 pm

Where: Center Moriches HS Gym

(311 Frowein Rd., Center Moriches)

MUST Complete Player Registration Online at

<http://www.liblazevolleyball.org> then click on register

Camp Fee per player:

Option 1: Mail check payment of \$350 per player LIVB, Inc. 320 Frowein Road, Center Moriches, NY 11934

OR

Option 2: Online Payment of \$365 per player at <http://www.liblazevolleyball.org> then click on payment.

CAMP REGISTRATION FORM:

(please type or print with ink only)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell Phone: _____

Email Address: _____

High School: _____

Grade: _____ Age: _____ Birth Date: _____

LIVB, Inc. - Volleyball Camp Release

In consideration of being allowed to participate the undersigned acknowledges, appreciates and agrees that: 1. The risk of serious injury does exist; 2. My child knowingly and freely assumes such risks; 3. My child willingly agrees to comply with the stated and customary terms and conditions for participation. If she observes any unusual hazard during participation, she will remove herself from participation and bring such to the attention of the nearest official.

4. I approve of my child's attendance at the LIVB, Inc. Volleyball Camp and release and hold harmless LIVB, Inc. and their officers, officials, and employees. I certify that my child is in good health and able to participate in the program's activities. I am am not attaching a note explaining special physical limitations and/or required medication, if any.

I certify that the individual named is in good physical condition and is capable of taking part in all camp activities. If medical attention beyond first aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give permission for medical attention to be administered.

Signature of Participant

Date

Signature of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION:

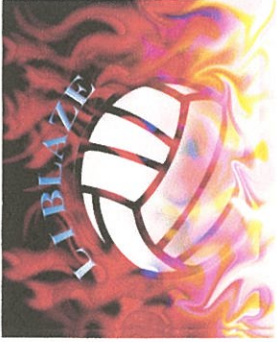
Name: _____

Phone # _____

For further information, please contact:

Nancy Morrow & LisaAnn Zlatmiski

LIBLAZE CLUB DIRECTORS at LIBLAZEVC@gmail.com



SUMMER VOLLEYBALL CAMP

Girls & Boys

Grades 5 to 8 & Grades 9 to 12

This camp is specifically designed to teach basic volleyball skills while focusing on individual player development and self confidence in preparation for game play.

Certified coaches & collegiate players bring their first hand experience & expertise to teach the techniques and strategies inclusive of the game.

Dates: July 30, 31, August 1 & 2, 2018

Time: 9:00 am---12:00 pm

Where: Center Moriches HS Gym

(311 Frowein Rd., Center Moriches)

Complete Player Registration Online at

<http://www.liblazevolleyball.org> then click on register

Camp Fee per player:

Option 1: Mail check payment of \$150 per player LIVB, Inc. 320 Frowein Road, Center Moriches, NY 11934

OR

Option 2: Online Payment of \$160 per player at <http://www.liblazevolleyball.org> then click on payment

CAMP REGISTRATION FORM:

(Please type or print with ink only)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell Phone: _____

Email Address: _____

High School: _____

Grade: _____ Age: _____ Birthdate: _____

LIVB, Inc. - Volleyball Camp Release

In consideration of being allowed to participate the undersigned acknowledges, appreciates and agrees that: **1.** The risk of serious injury does exist; **2.** My child knowingly and freely assumes such risks; **3.** My child willingly agrees to comply with the stated and customary terms and conditions for participation. If she observes any unusual hazard during participation, she will remove herself from participation and bring such to the attention of the nearest official.

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Signature of Participant _____ Date _____

Signature of Parent or Guardian _____ Date _____

EMERGENCY CONTACT INFORMATION:

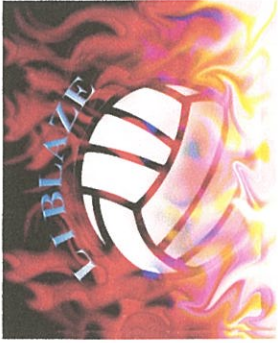
Name: _____

Phone # _____

For further information, please contact:

Nancy Morrow & LisaAnn Zlatniski

LI BLAZE CLUB DIRECTORS at LIBLAZEVBC@gmail.com



PRE-SEASON VOLLEYBALL

CAMP for Girls & Boys

V, JV & JH Players Welcome

This camp is designed to give athletes a jump start for the fall season. The camp will include skill training, drills, and game play.

Dates: August 13, 14, 15 & 16, 2018

Time: 7:00 pm---10:00 pm

Where: Center Moriches HS Gym

(311 Frowein Rd., Center Moriches)

Complete Player Registration Online at

<http://www.liblazevolleyball.org> then click on register

Camp Fee per player:

Option 1: Mail check payment of \$150 per player LIVB, Inc. 320 Frowein Road, Center Moriches, NY 11934

OR

Option 2: Online Payment of \$160 per player at <http://www.liblazevolleyball.org> then click on payment.

CAMP REGISTRATION FORM:

(please type or print with ink only)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell Phone: _____

Email Address: _____

High School: _____

Grade: _____ Age: _____ Birthdate: _____

LIVB, Inc. - Volleyball Camp Release

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4. I approve of my child's attendance at the LIVB, Inc. Volleyball Camp and release and hold harmless LIVB, Inc. and their officers, officials, and employees. I certify that my child is in good health and able to participate in the program's activities. **I am ___ am not___ attaching a note explaining special physical limitations and/or required medication, if any.**

I certify that the individual named is in good physical condition and is capable of taking part in all camp activities. If medical attention beyond first aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give permission for medical attention to be administered.

Signature of Participant

_____ Date

Signature of Parent or Guardian

_____ Date

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone # _____

For further information, please contact:

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