



CHRIST CHAPEL  
A C A D E M Y

## Christ Chapel Volleyball Camp(1)

The volleyball camp will teach fundamental skills to include serving, passing, setting, hitting, defense, and game play. The camp is open to all girls ages 11-18 and in grades 6-12 during the 2018-19 school year.

The clinic will be directed by American Volleyball Club Coaches Sandy Gibbs. Coach Gibbs is a Prince William County and VHSL certified coach. Coach Gibbs is also Impact, CAP I and CAP II certified with USA Volleyball. She is Gold Medal Squared Volleyball certified. Coach Dejan Pejicic played for a Men's city league in Serbia. Coach Pejicic is an American Volleyball Club coach and is USAV Impact and Safesport certified.

The camp will be held **July 16, 17 and 19, 20** from **6:30-9:00 p.m.** All athletes should wear shorts, t-shirts, knee pads and indoor court shoes.

Athletes should bring water.

Athletes will be divided up by playing ability.

**FOR MORE INFORMATION CONTACT:**

Coach Sandy Gibbs

**Email:** [trilivin@yahoo.com](mailto:trilivin@yahoo.com)

**Phone #:** 757-848-3709

Complete the registration form and mail it no later than July 2, 2019.

Cost for the camp is \$50.00 per student.

Late registrations will be taken on the first day of camp and will be \$55.00.

There are 24 spots for the camp so get your forms in early.

## "Pursue Excellence!"

### REGISTRATION FORM

(please print clearly)

Player's Name: \_\_\_\_\_ Age (11-18): \_\_\_\_\_ Grade during  
2018-2019 School Year (Grade 6-12) \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Parent Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Name and Phone: \_\_\_\_\_

SHIRT SIZE (Please circle one shirt size): Youth: L Adult: S M LG XL

**Make Check OR Money Orders out for \$50.00 to Sandy Gibbs**

Send to: Christ Chapel Academy

Attn: Sandy Gibbs

13909 Smoketown Road

Woodridge, VA 22192

All participants must have the following signed to participate:

I agree, with full awareness, that volleyball is an activity that may involve risk or injury. In case of an accident involving my child while attending this camp, I release Christ Chapel Academy, the camp staff and volunteers from all liability. In case of an emergency, I give permission to the camp staff to offer first aid and/or to call emergency personnel to properly transport my

child to a medical facility for care. I understand that Christ Chapel Academy does NOT provide medical insurance and that I will be responsible for all medical expenses incurred.

Athlete Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





CHRIST CHAPEL  
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## Christ Chapel Volleyball Camp(2)

The volleyball camp will teach fundamental skills to include serving, passing, setting, hitting, defense, and game play. The camp is open to all girls ages 11-18 and in grades 6-12 during the 2018-19 school year.

The clinic will be directed by American Volleyball Club Coaches Sandy Gibbs and Dejan Pejicic. Coach Gibbs is a Prince William County and VHSL certified coach. Coach Gibbs is also Impact, CAP I and CAP II certified with USA Volleyball. She is Gold Medal Squared Volleyball certified. Coach Dejan Pejicic played for a Men's city league in Serbia. He is an American Volleyball Club coach and is USAV Impact and Safesport certified.

The camp will be held **July 30, 31 and Aug 2, 3** from **7pm-8:30 p.m.** All athletes should wear shorts, t-shirts, knee pads and indoor court shoes.

Athletes should bring water.

Athletes will be divided up by playing ability for instruction and game play.

FOR MORE INFORMATION CONTACT:

Coach Sandy Gibbs

Email: [trilivin@yahoo.com](mailto:trilivin@yahoo.com)

Phone #: 757-848-3709

Complete the registration form and mail it no later than July 9, 2019.

Cost for the camp is \$30.00 per student.

Late registrations will be taken on the first day of camp and will be \$35.00.

There are 24 spots for the camp so get your forms in early.

## "Pursue Excellence!"

REGISTRATION FORM

(please print clearly)

Player's Name: \_\_\_\_\_ Age (11-18): \_\_\_\_\_ Grade during  
2018-2019 School Year (Grade 6-12) \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Parent Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Name and Phone: \_\_\_\_\_

SHIRT SIZE (Please circle one shirt size): Youth: L      Adult: S   M   LG   XL

Make Check OR Money Orders out for \$30.00 to Sandy Gibbs

Send to: Christ Chapel Academy

Attn: Sandy Gibbs

13909 Smoketown Road

Woodridge, VA 22192

All participants must have the following signed to participate.

I agree, with full awareness, that volleyball is an activity that may involve risk or injury. In case of an accident involving my child while attending this camp, I release Christ Chapel Academy, the camp staff and volunteers from all liability. In case of an emergency, I give permission to the camp staff to offer first aid and/or to call emergency personnel to properly transport my child to a medical facility for care. I understand that Christ Chapel Academy does NOT provide medical insurance and that I will be responsible for all medical expenses incurred.

Athlete Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

