



**AUGUST 1<sup>ST</sup> - 4<sup>TH</sup>**

# **SECOND ANNUAL WAVERLY VOLLEYBALL CAMP**

## **Volleyball Development Camp**

Open to all ages. Held at the Waverly High School Gym.

Kindergarten – 5<sup>th</sup> Grade will be from 2:30-4:30

6<sup>th</sup> Grade – 8<sup>th</sup> Grade from 4:30-6:00

9<sup>th</sup> Grade – 12<sup>th</sup> Grade from 6:00-8:00

Cost will be \$55 (\$5 processing fee) for each student

Please send cash or checks to:

Waverly Volleyball Club

143 Howard St.

Waverly, NY 14892

Camp Facilitators:  
Charity Meyers - Head Varsity  
Volleyball Coach  
Morgan Lynch – JV Coach

Current/Former/Collegiate  
players will be assisting at the  
camp

### **Guest Coaches:**

\*Jared Kucko – Corning  
Com. College Women's  
Head Volleyball Coach

\*Patti Perone – State Champ  
Coach – 25 Conference  
Champ., 24 Sect. 4 Titles & 16  
trips to the final 4's at States

\*Heather Hanson – Athens  
Head Volleyball Coach

\*Abby Williams – Canton  
Volleyball Coach

\*Cassandra Meyers – Rec  
Volleyball Coach

\*Beau Roskow – Assistant  
Travel Coach

\*David Meyers- Strength and  
Conditioning Coach

\*Gary Swartwood – Section  
IV Official

LEARN ABOUT VOLLEYBALL  
AND HAVE FUN IN THE  
PROCESS

**PLEASE SEND IN THE  
REGISTRATION FORM WITH  
YOUR PAYMENT**

If you have any questions or  
concerns, please contact  
Charity Meyers at (607)742-2120  
or  
charity.meyers.cm@gmail.com

# Camper Registration Form:

Name:

Grade (Fall 2022):

School:

Age:

**T-shirt size:** (all campers will be receiving a t-shirt. If you would like to order any extra's, please add the size and \$18 for each)



**ADULT'S**

XS \_\_\_ SM \_\_\_ MD \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

Emergency Contact:

Home Address:

Email Address:

Phone:

## Authorization for Medical Treatment of Minor:

Name of Minor \_\_\_\_\_

I being the parent or legal guardian of the above named, do hereby certify that my child is in good health and may participate in all camp activities, I hereby appoint Charity Meyers, Waverly Volleyball Camp Director, to act on my behalf in authorizing medical attention.

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

Parent/Guardian (PRINT) \_\_\_\_\_

Insurance Company \_\_\_\_\_

ID Number \_\_\_\_\_