

2019 Summer Volleyball Camp



Tuesday, June 25-28, 2019

For Girls 8 and older

Incoming 9th graders are encouraged to attend. Ripon Christian is proud to present the 14th annual Knights Volleyball Summer Camp. Hosted by **Tiger and Michele Shelton** with special guest, **Andie Shelton 2013 Ripon Christian Under Armor All American and Duke University All American, UOP setter and Guest Coaches TBA.**

The Knights Volleyball Camp will emphasize proper technique in the six fundamental areas of volleyball, setting, passing, blocking, hitting, serving and defense. The Knights Volleyball Camp is beneficial for those just wanting to learn the game or for the experienced player looking to better themselves for club or high school ball. We use a lower net and lighter ball for those players under 12. However players are positioned based on their ability.

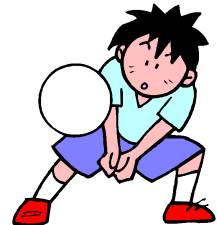
The idea of this camp is to train using the latest training techniques in all skills to build strong foundations while enjoying a sport we hope they learn to love.

Camp schedule: Tuesday	9am-12:00	Passing and Serving
Wednesday	9am-12:00	Setting and Hitting
Thursday	9am-12:00	Blocking and Defense
Friday	9am-12:00	Tournament/Shaved Ice

The cost of the camp is \$90.00/\$80.00 for multiple children. Each camper will receive a camp tee shirt.

Please make all checks payable to: Tiger Shelton, attn. Ripon Christian Volleyball camp. If you have any question, please contact Tiger at 209 986-6859 or email at tigershelton111@gmail.com. Please send checks and registration to Tiger Shelton, 9925 Wendt Way, Stockton CA 95209, attention Tiger Shelton. Check need to be received by June 1st to guarantee a camp shirt. You may also bring them on the first day of camp. However, we may not have a shirt due to the fact that we pre order shirts.

Ripon Christian
Knights
Volleyball Camp



Registration Form

Fill out the registration form below prior to camp. All Check make payable to Tiger Shelton.

Player's Name: _____ Grade _____

Street Address: _____ City _____ Zip _____

Parent's Name: _____ Cell # _____

T- Shirt Size: Youth Lg: _____ Adult Sm: _____ Adult M: _____ Adult Lg: _____

I hereby authorize the directors of the Ripon Christian Volleyball Camp to act for me according to their best judgment in any emergency or injury requiring medical treatment. I know of no medical problems that might affect my child's ability to safely participate in the Ripon Christian Volleyball Camp.

Signed: _____ Date: _____