

**COVINGTON GRADES 4TH-6TH**  
**VOLLEYBALL**  
**CAMP**

**JULY 13-15, 2026 FROM 3:30PM-5:00PM**  
**THE VARSITY COMPETITION GYM IN THE K-8 BUILDING**

**THE TEAM CAMP WILL BE RUN BY THE**  
**COVINGTON VOLLEYBALL COACHING STAFF**

**COVERED AT THE CAMP WILL BE:**

- PASSING, SERVING, HITTING AND SETTING TECHNIQUES
- VARIOUS SERVE RECEIVE PATTERNS
- IMPORTANCE OF TEAMWORK

**ACTIVITIES FOR PRIZES:**

- QUEENS OF COURT
- LOTS OF FUN GAMES
- PLAYER OF THE DAY

**COST IS \$35 PER ATHLETE**

**T-SHIRTS WILL BE AWARDED TO THOSE WHO REGISTER BY JULY 5TH**

\_\_\_\_\_  
PLAYER'S NAME

\_\_\_\_\_  
GRADE FOR 2026-27

\_\_\_\_\_  
PARENT'S NAME

\_\_\_\_\_  
PARENT'S PHONE NUMBER

\_\_\_\_\_  
PARENT'S EMAIL

**YS YM YL S M L**  
PLAYER'S T-SHIRT SIZE (Circle One)

**PARENT PERMISSION FOR ATHLETIC PARTICIPATION:**

I grant permission for my child to participate in the summer volleyball camp. I hereby give consent for the coaches or school officials of the Covington Exempted Village Schools to secure treatment at the best available hospital in case of injury. I further give consent for hospital officials or doctors to take necessary action until such a time we are in contact with them. I also agree to assume responsibility for all medical expenses that may occur as the result of athletic participation, with our without the benefit of insurance.

\_\_\_\_\_  
PARENT'S SIGNATURE

**CHECKS NEED TO BE MADE OUT TO**  
**COVINGTON VOLLEYBALL**

**MAIL TO: COVINGTON VOLLEYBALL • 807 CHESTNUT STREET, COVINGTON, OH 45318**