

# 2024 PIRATE VOLLEYBALL CAMP REGISTRATION

Come join the Crystal River Volleyball Team and coaches of  
CRHS for our VOLLEYBALL CAMP!!!

**When**

July 22<sup>nd</sup>-25<sup>th</sup>  
5:30pm – 8:00pm  
\$65.00 per player



Girls from all schools with all levels of skills ~ Ages 9-16 are invited.

**What to expect:** Training will be on basic skills including: Setting, Hitting, Passing, Serving and Team Defense. The players will develop a better understanding of the game and its components. This registration form needs to be returned to CRHS front office by **Monday, June 30th or brought with player on the first day of camp (if there is room)**. The CR players, alumni and CRHS coaches will run the camp and provide positive role models for our campers. Our players will also coach the campers in daily games and in our showcase games on the Thursday night. Please contact Ashley Trachy at [Theatrachys@gmail.com](mailto:Theatrachys@gmail.com) if you have any questions.

**What to bring:** \*LOTS OF WATER \*Snacks \*Knee pads \*Sneakers  
\*Eagerness to learn AND a POSITIVE ATTITUDE!

T-Shirts will be provided for each camper. Please check (adult) shirt size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_  
Registration forms may be returned to the CRHS front office or mailed to:

**Crystal River High School  
3195 Crystal River High Drive  
Crystal River, FL 34428**

Please make checks payable to: "CRHS Volleyball" or use our ONLINE PAYMENT method at  
<https://citruschools.revtrak.net/high-schools-/CRHS/crhs-athletics/crhs-volleyball#/list>



## REGISTRATION & EMERGENCY CONTACT INFORMATION

\_\_\_\_\_, has my permission to attend Lady Pirate Volleyball Camp  
(Camper Name)

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School Attended: (2023/2024) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital of preference: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

I understand that all camps carry risk. I give the Coaching Staff permission to treat my child in an emergency and render aid. I further release CRHS and the Citrus County School Board and any other member on staff from any liability arising from participating/attending this camp. I also understand that I am responsible for any/all medical bills as associated with any medical expenses incurred while attending.

Parent/Guardian Signature: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**For office use only:** Date Rec'd: \_\_\_\_\_ Check # \_\_\_\_\_ Cash Amt \$ \_\_\_\_\_ Initials \_\_\_\_\_