

WVCS WARRIOR VOLLEYBALL CAMP 2024

JULY 15TH-17TH 2:30PM - 5:30PM

4TH-5TH & 6TH-8TH GIRLS AND BOYS:

This camp is for young athletes who want to learn the game of volleyball as well as increase in their strategic prowess. Basic and competitive fundamentals will be taught. They will improve in their skills of passing, serving, setting, hitting, blocking, digging, and basic team play.

Bring an encouraging attitude and get ready for some volleyball fun!

“I can... & I will!” because of Phil. 4:13!

“I am so thankful for the opportunity to play & coach volleyball. It is a joy to share my passion for the game and my love for my Lord and Savior, Jesus Christ!”

For Him,
-Coach Hunter,

CAMP DIRECTOR: ELISA HUNTER

- 26 years of experience coaching HS varsity girls VB, and entering her 24th season as Head Coach at WVCS
- Seven OSAA State playoff finishes with WVCS and numerous additional team district playoff finishes.
- Graduate of and played collegiate VB at Corban University (aka Western Baptist College) and coached Corban “WBC” JV ‘98 season
- Hall of Fame inductee for National Volleyball Championship (Corban’97)
- HS State Champion (Salem Academy ’93)
- Volleyball Sports Mission Trip to Dominican Republic

Willamette Valley Christian School



WARRIOR VOLLEYBALL CAMP 2024

JULY 15TH-17TH, 2024
2:30-5:30 PM

WVCS
9075 NE Pueblo
Salem, OR 97305

2024 VB CAMP INFO:

Dates: July 15th-17th

For girls and boys
Grades 4th-5th & 6th-8th
2:30-5:30pm **Cost: \$75**

Please text or email Coach Hunter if you plan to attend, and note your shirt size preference so we can have that info in advance.

Coach Elisa Hunter 503-580-3199
ehnrtr@msn.com

You can call the school office at 503-393-5236, (hours 9am-1pm) to pay, or bring cash or checks made payable to WVCS. (Please note in memo that it is for VB Camp 2024).

Bring the completed forms to the first day of camp **including:** payment, signed release, & emergency contact info.

NEW THIS YEAR!!! WE WILL HAVE HELPERS FROM BOTH THE HS GIRLS AND BOYS VOLLEYBALL TEAMS!

2024 WVCS Volleyball Camp Registration: Grade in Fall 2024 _____

Camper Name: _____
Ph#: _____

Parent/Guardian Name: _____ Hm/cell# _____

Emergency Contact (name) : _____ Relationship: _____
Emergency Contact Ph# _____

Make checks payable to WVCS. Memo Volleyball Camp: Total Amount Paid \$ _____
Date Paid _____

T-shirt size preference-Circle One: (Youth sizes) YSM YM YL Adult Sizes: S M L XL

Parental Release Form

I, _____, as parent/guardian of _____, do hereby give my approval to participate in the Warrior Volleyball Camp. I assume all risks and hazards incidental to such participation and hereby hold WVCS harmless. I understand that participation in sports can be dangerous and if any emergency should arrive, I give you full permission to take the steps that are reasonable and necessary in your judgment to assist my child and agree to be responsible for the hospital expenses, doctor bills, and any other expenses that may be incurred.

Parent/Guardian signature _____ Date _____

Please note any special health concerns or allergies that we should be aware of _____

Note here if you do not wish to have your child in any photos that may be taken as part of the camp. _____