

SAVE THE DATE

ALAMO HEIGHTS VOLLEYBALL CAMP

Grades 3 – 6: June 4 – 7 ... 9am – 12pm ... \$100

Grades 7 – 8: July 23 – 26 ... 9am – 12pm ... \$100

9th graders: July 22 – 26 ... 9am – 12pm ... \$100

QUESTIONS: COACH DORGAN – tdorgan@ahisd.net

2018 ALAMO HEIGHTS VOLLEYBALL 2018



YOUTH (3rd – 6th) VOLLEYBALL CAMP

Date: Monday, June 4th – Thursday, June 7th
Time: 9:00 am – 12:00 pm
Where: Mule Dome / Sky Gym (AHHS)
Cost: \$100
Attire: Athletic attire (including athletic footwear) w/ kneepads
Misc.: Personal water bottles recommended ... drinking fountains available

Registration: Online: <https://www.rankonesport.com> (credit card)

Mail: Todd Dorgan / 150 East Fair Oaks / San Antonio, TX 78209

In-Person: AHHS Athletics Office / 150 East Fair Oaks / San Antonio, TX 78209

***** Please make checks payable to Todd Dorgan *****

***** Questions: Coach Dorgan tdorgan@ahisd.net 210-705-9558 *****

Athlete's Name: _____

Grade in Fall 2018: _____

Parent Name: _____

Email: _____

Phone: _____

T-shirt: YL S M L XL

Parent Waiver

I, as parent or guardian of the above child, enroll her in the 2018 Alamo Heights Volleyball Camp. I hereby acknowledge that she is physically able to participate in camp activities and have listed any special medical needs that I know of at this time. I authorize in advance for the staff to act for me in their best judgment in case of an emergency that requires medical attention. I realize health insurance is my responsibility and not that of the 2018 Alamo Heights Volleyball Camp. I waive AHISD and the camp staff from liability for any illness, injury, or property loss my child may incur while attending the 2018 Alamo Heights Volleyball Camp.

PARENT SIGNATURE: _____

2018 ALAMO HEIGHTS VOLLEYBALL 2018



FRESHMEN VOLLEYBALL CAMP

Date: Monday, July 23rd – Thursday, July 26th
Time: 9:00 am – 12:00 pm
Where: Mule Dome / Sky Gym (AHHS)
Cost: \$100
Attire: Athletic attire (including athletic footwear) w/ kneepads
Misc.: Personal water bottles recommended ... drinking fountains available

Registration: Online: <https://www.rankonesport.com> (credit card)

Mail: Todd Dorgan / 150 East Fair Oaks / San Antonio, TX 78209

In-Person: AHHS Athletics Office / 150 East Fair Oaks / San Antonio, TX 78209

***** Please make checks payable to Todd Dorgan *****

***** Questions: Coach Dorgan tdorgan@ahisd.net 210-705-9558 *****

Athlete's Name: _____

Grade in Fall 2018: _____

Parent Name: _____

Email: _____

Phone: _____

T-shirt: S M L XL

Parent Waiver

I, as parent or guardian of the above child, enroll her in the 2018 Alamo Heights Volleyball Camp. I hereby acknowledge that she is physically able to participate in camp activities and have listed any special medical needs that I know of at this time. I authorize in advance for the staff to act for me in their best judgment in case of an emergency that requires medical attention. I realize health insurance is my responsibility and not that of the 2018 Alamo Heights Volleyball Camp. I waive AHISD and the camp staff from liability for any illness, injury, or property loss my child may incur while attending the 2018 Alamo Heights Volleyball Camp.

PARENT SIGNATURE: _____

2018 ALAMO HEIGHTS VOLLEYBALL 2018



JUNIOR SCHOOL (7th / 8th grade) VOLLEYBALL CAMP

Date: Monday, July 23rd – Thursday, July 26th
Time: 9:00 pm – 12:00 pm
Where: Mule Dome / Sky Gym (AHHS)
Cost: \$100
Attire: Athletic attire (including athletic footwear) w/ kneepads
Misc.: Personal water bottles recommended ... drinking fountains available

Registration: Online: <https://www.rankonesport.com> (credit card)

Mail: Todd Dorgan / 150 East Fair Oaks / San Antonio, TX 78209

In-Person: AHHS Athletics Office / 150 East Fair Oaks / San Antonio, TX 78209

***** Please make checks payable to Todd Dorgan *****

***** Questions: Coach Dorgan tdorgan@ahisd.net 210-705-9558 *****

Athlete's Name: _____

Grade in Fall 2018: _____

Parent Name: _____

Email: _____

Phone: _____

T-shirt: S M L XL

Parent Waiver

I, as parent or guardian of the above child, enroll her in the 2018 Alamo Heights Volleyball Camp. I hereby acknowledge that she is physically able to participate in camp activities and have listed any special medical needs that I know of at this time. I authorize in advance for the staff to act for me in their best judgment in case of an emergency that requires medical attention. I realize health insurance is my responsibility and not that of the 2018 Alamo Heights Volleyball Camp. I waive AHISD and the camp staff from liability for any illness, injury, or property loss my child may incur while attending the 2018 Alamo Heights Volleyball Camp.

PARENT SIGNATURE: _____