

Saint Ignatius Boys' Summer Volleyball Camp 2010

In his first three years, Head Coach Mark Johnston has led the Wolfpack to three straight IHSA Regional Titles and has made it to the "Sweet 16" twice. Last year the Wolfpack posted their best season ever at 29-8 while taking 2nd place in the CCL, marking the team's highest finish in school history. Along the way they defeated state powerhouses St. Rita, Providence and Br. Rice for the first time in program history. He invites campers of all ability levels to this camp for a rewarding and enjoyable experience. The camp will concentrate on passing, setting, hitting, serving and blocking as well as training and conditioning. Be a part of the Wolfpack volleyball experience and join us for an exciting summer of volleyball!

- ★ DATES: June 28th - July 1st
- ★ TIMES: 12:30 pm - 3:30 pm 6th- 12th Graders
- ★ \$100 per camper
- ★ Each camper will receive a camp T-shirt
- ★ Each camper will be given chances to win Wolfpack Volleyball gear and other prizes
- ★ Contact info = Head Coach Mark Johnston at mark.johnston@ignatius.org
- ★ ENROLLMENT PROCEDURE
 - Mail to: Saint Ignatius College Prep
Attn: Mark Johnston -- Head Volleyball Coach
1076 W. Roosevelt Rd.
Chicago, IL 60608
 - Checks only [*make checks payable to Saint Ignatius College Prep*]

★★★ Please return the portion below, along with payment by June 25th. ★★★
★★★ Walk-ins are accepted ★★★

★ Name: _____ ★ Grade Entering: _____ ★ T-shirt size: S M L XL
★ Address: _____ ★ Parent Phone: _____ (house) _____ (cell)

- Medical Information =
 - Emergency Contact
 - Name: _____ Phone: _____
 - Family Doctor: _____ Phone: _____
 - Allergies: _____
 - Current Medications: _____
 - Pertinent Medical History: _____
 - Insurance Policy Holder's Name: _____
 - Insurance Company: _____ Policy #: _____
 - I give SICP Camp Counselors permission to give my child Tylenol or ibuprofen, if needed.

I hereby give my consent for the above named student to participate in this camp. I understand that participation in training carries the risk of injury. I furthermore certify to the best of my knowledge, based on medical examinations, that the participant suffers no pre-existing medical condition, which would be aggravated or detrimental to the participant during camp. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may be reasonably necessary for the athlete. I also agree not to hold the school, or anyone acting on its behalf responsible for any injury occurring to the athlete during camp. [My child is adequately covered by personal or group insurance]

★ Signature: _____