

2025 Hononegah Community High School Volleyball Camp



Dates: High school camp July 21st-25th
Middle school camp July 21st-25th

Times: High school camp 11am-1pm
Middle school camp 8am-10am

Cost: HS camp \$100 (includes t-shirt)
MS camp \$80 (includes t-shirt)

CAMP WILL BE HELD IN THE HONONEGAH FIELD HOUSE

Coaches for the middle school camp will include high school varsity players and the high school coaching staff. The high school camp coaches will include the high school coaching staff.

Camp experience will include:

- Skill development in passing, setting, attacking, serving and blocking
- Position specific training
- Team defense and serve receive rotations
- Strategy and game play
- Each camper will receive a t-shirt

Camp Registration due by **July 16th**

Please contact Kaylee Libby if you have any questions at klibby@hononegah.org

Mail camp registration to:

Hononegah High School
Athletic Office
Attention: Girls Volleyball
307 Salem Street
Rockton, IL 61072

*****Please make checks payable to Hononegah Volleyball***

Registration Form

Name: _____

Grade entering in the fall: _____

Parent email: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Select a t-Shirt size:

___ Youth Large

___ Small

___ Medium

___ Large

___ XL

Parent/Guardian, _____ I, understand, as a parent or legal guardian of the camper named above, hereby acknowledge that he/she is covered by medical insurance as follows:

Policy Holder's Name: _____

Insurance Company: _____

Policy Number: _____

In consideration of my child's participation in this camp; I hereby release Hononegah Camps, its officers, employees and agents for any and all liability arising out of any injury or illness my child incurs while participating in camp activities. I understand the rigorous athletic activity in which he/she will be involved. I understand that participation is voluntary and I choose freely to have my child participate. It is further understood that Hononegah Camps does **NOT** provide medical insurance covering injuries of any nature incurred at the camp.

Parent/Guardian Signature: _____

Consent for treatment of a minor

Parent/Legal Guardian: Please sign below to grant medical treatment to the camper while attending the Hononegah Camp. I, the undersigned, authorize the staff of Hononegah Camps to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp.

Parent/Guardian Signature: _____