

In case of emergency, please contact:

1. _____
 (Name) Relationship)

 (Phone Number)

2. _____
 (Name) Relationship)

 (Phone Number)

3. _____
 (Name) Relationship)

 (Phone Number)

Drop off registration form with **payment and physical**
at the SHS Front Office or mail to:

Stratford Volleyball
c/o Jenny Adcock
P.O. Box 79141
Houston, TX 77279

PLEASE, NO PERSONAL CHECKS

Contact Coach Adcock for more information at
jennifer.adcock@springbranchisd.com

STRATFORD HIGH SCHOOL



FUTURE SPARTANS VOLLEYBALL CAMP

JULY 28-30

3:00-5:30 incoming 9th graders

*Sorry, we are only offering camp to incoming 9th graders this year
due to construction at SHS and resulting gym limitations.*

FUTURE SPARTANS VOLLEYBALL CAMP

Hosted by: Jenny Adcock, Head Coach, Stratford High School

Date: July 28 - 30, 2021

Time: 3:00-5:30 (9th grade)

Location: Stratford High School Main & Middle Gyms OR
Spring Forest Middle School Big Gym

This depends on construction at SHS. Registered athletes will be emailed the week prior to camp.

Instructors: Stratford HS and SBISD Coaching staff

Instruction: 6 basics skills of volleyball plus time training position-specific movement, team aspects, and competitive strategy

Open to: Incoming 9th graders zoned to Stratford

Current SHS students are not eligible to attend camp.

Cost: \$45.00 per camper [CASH OR MONEY ORDER ONLY]

Scholarships available for students on free or reduced lunch.

Camp Provides: Equipment for drills & instruction, accident insurance, camp t-shirt

What to Wear: Shorts/spandex, t-shirt, athletic shoes (no Converse, etc.), knee pads, hair pulled up!

What to Bring: Water/Gatorade

Registration Due Date: May 26th

If space is available, Late Registration is accepted & assessed late fee of \$5.

A confirmation email is upon receipt of application.

For more information, please feel free to contact Coach Adcock at
jennifer.adcock@springbranchisd.com.

NOTE: This camp is not a requirement to play volleyball for Stratford High School or any feeder school.

OVER →

2021 FUTURE SPARTANS VOLLEYBALL CAMP REGISTRATION FORM

CAMPER'S NAME: _____

T-SHIRT SIZE (ADULT SIZES ONLY): S M L XL

MIDDLE SCHOOL ATTENDED: _____

PARENT NAME: _____

PARENT EMAIL: _____

PARENT CELL: _____

HOME PHONE: _____

ADDRESS: _____

ZIP CODE: _____

I, the undersigned, being the individual parent or legally authorized guardian of _____, authorize my child to participate in a Spring Branch ISD sponsored summer activity, and understand that participating in athletics of any kind comes with risks. I agree to hold Spring Branch ISD, its Board of Trustees, administration, and/or faculty, harmless from liability for any injuries or illness, which my child may be subject to while participating in any recreational activities or utilizing the Spring Branch ISD facilities. In the event of an emergency requiring medical attention, I authorize the Director, supervisor, and/or a district employee to use their judgment to secure medical services if necessary, which shall be at my own cost. I have included a copy of my child's most recent required physical and I have notified the Director of the summer activity of my child's physical ailments or limitations.

Parent/Guardian Signature _____

Date _____