

## TYPICAL DAILY SCHEDULE

4:00 p.m. Check-in & Warm-up

4:30 p.m. **PRACTICE SESSION I**  
(Skills Introduction)

Demonstrations by THS Varsity Players

5:30 p.m. **PRACTICE SESSION II**  
(Team Offense, Defense, Transition)

6:30 p.m. **PRACTICE SESSION III**  
(Scrimmages, practice and Games)

7:00 p.m. End of Day

**The campers will be grouped by ability.  
Players entering grades 4-9 should attend  
CONTACT COACH MAHINA  
McCAMEY FOR QUESTIONS**

## NECESSARY INFORMATION

### Where To Check-in Upon Arrival

Check-in will be in the Tracy High School Main Gym foyer. The Gym is located at the rear of the school.

### Where to Park

Parking is available in front of the school. Please only park in designated spaces.

### Clothing

We require that each participant have tennis shoes and recommended to be in a T-shirt and shorts, kneepads are optional. NO JEWELRY PLEASE.

## Water and Pre-Camp Meals

All participants should have a supply of water. Participants should keep themselves well hydrated during the camp. There will be breaks given during each session to allow campers time. We recommend that campers eat a healthy lunch prior to arriving at camp and bring a snack since the camp is over the dinner hour.

## Cost

The Tracy High School Volleyball Camp will include the following: Three days of camp including Basic Skill instruction, Serving, Team Offense, Team Defense, Transition Instruction, and a **Camp T-shirt**. The cost of the Camp will be \$75. No Refunds will be given after June 13. There will be a \$25 administrative fee for ALL cancellations.

## Registration

**Make checks payable to Tracy High Volleyball and mail the application to the address below.**

You may either register prior to the camp by mailing your application and \$75 to the address below **(BY 5/30)**, or if after 5/30, you may register the day of the camp, but **parents must be present that day to sign the application and consent form.**

## CONTACT INFORMATION

Tracy High Volleyball  
Mahina McCamey  
2421 W. Lowell Ave.  
Tracy, CA 95376  
[hinabeans@att.net](mailto:hinabeans@att.net)  
209-814-4006 (texts are best)

## 2017 THS VOLLEYBALL CAMP

Camper's Name Birthdate

Address City, St., Zip

Email (please write clearly)

( )  
Phone Grade entering in Fall 2017

( )  
**Emergency Phone # for use during camp times**

**Are you attending Tracy High School for the  
2017-2018 school year?**  
Please circle  
Yes No Height \_\_\_\_\_

**THS incoming freshmen volleyball players please  
attend the summer practice that starts on  
JUNE 5<sup>th</sup> at 4:00 pm**

**Registration by mail should be mailed at least one week prior to the  
camp to assure arrival.**

I hereby authorize Tracy Public Schools, their employees, agents and camp volunteers to act for me according to their best judgment in any emergency requiring medical attention. Also I hereby waive and release Tracy Public Schools, their employees, and agents and camp volunteers from any and all liability for injuries, illnesses or loss of property incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program as outlined in the brochure. My signature on this waiver also states that the above named camper is covered by my personal medical insurance policy.

Signature (Parent/Guardian) Date

**Return this column of the form with payment for  
registration.**

# 18<sup>th</sup> Annual Tracy High Volleyball Camp

*2000 VOL CHAMPIONS*

*2014 TCAL CHAMPIONS*

*2016 TCAL CHAMPIONS*

*SECTION PLAYOFFS:*

*1999 TO 2005, 2012,*

*2013, 2014, 2015 (SEMI-FINALS) &*

*2016 (SEMI-FINALS),*

*2016 CIF STATE CHAMPIONSHIPS*

**Camp Date:**

JUNE 13, 14, 15

**Camp Times:**

4:00 P.M. TO 7:00 P.M. DAILY

**Camp Location:**

TRACY HIGH MAIN GYM

**Registration Cost:**

**\$75**

**Free T-shirt for all  
Campers**

\*sizes and styles are limited and will be on a 1<sup>st</sup> come  
1<sup>st</sup> choice basis