

**Let's Go St. Joe,  
It's time!**



**Step Aside ...  
for Our Bruin Pride.**

**June 4 - June 7**

**Time:**

9:00 a.m. - Noon

**Price:**

\$75 includes Bruin Volleyball Camp  
t-shirt and certificate.

**Boys & Girls Ages:**

Entering grades 1-6

**What to Bring:**

Water bottle, hand towel, personal  
items, snacks.

**What to Wear:**

White sole gym shoes, T-shirt, shorts,  
socks, and knee pads.



**All proceeds benefit the  
Bruin Volleyball Teams.**

# **BRUIN VOLLEYBALL CAMP**



**VOLLEYBALL SKILLS**

**Serving, Passing,  
Setting, Attacking  
Blocking**

**Offensive Fundamentals  
Defense Fundamentals  
Team Play & FUN**



**Camp will feature  
St. Joe Head Coach  
Suzanne Antonaros  
Bruin Varsity Volleyball  
graduates and  
current players.**

**Registration Form  
2018 Bruin Volleyball Camp**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

T-shirt size \_\_\_\_\_

***Informed Consent and Catholic Diocese  
of Jackson Certification of Accident  
Insurance Forms MUST BE COMPLETED  
and returned for participation in camp.  
These forms can be downloaded off the  
St. Joseph website at  
[www.stjoebruins.com](http://www.stjoebruins.com).***

☐ Full payment - \$75

**Complete both sides, detach at dotted  
line, and return with your check made  
payable to: St. Joseph Catholic School.**



**Mail to: Bruin Volleyball Camp  
308 New Mannsdale Road or  
P.O. Box 2027  
Madison, MS 39110**



## Medical Waiver

I hereby state my child

\_\_\_\_\_

is in good health and has my permission to participate in all 2018 BRUIN Volleyball Camp activities. I authorize the staff at the camp to provide emergency first aid in the event of sickness or injury. I also give my permission for the coach/sponsor to sign for me in the event that emergency treatment, hospitalization, and/or surgery is required. I understand I am financially responsible for any medical bills incurred by my child while at the 2018 Bruin Volleyball Camp.

My signature below hereby releases the camp, camp sponsor, camp workers, camp volunteers, St. Joseph Catholic School and the Diocese of Jackson from any and all liability suits, damages, claims, and any manner of actions, and demands on account of personal injury arising from my child's participation in the camp.

Please list any medical conditions the camp volunteers should be aware of during camp. \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_  
( ) - \_\_\_\_\_

Our Health Insurance – Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Date: \_\_\_\_\_

Complete both sides, detach at dotted line,  
return with your check made payable to:  
St. Joseph Catholic School.



**For further information  
Contact Coach Antonaros  
At 601-898 -4800**

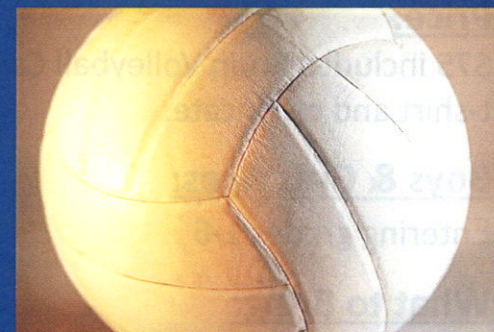
**or  
santonoros@stjoebruins.com**



308 New Mannsdale Road  
P.O. Box 2027  
Madison, Mississippi 39110

## St. Joseph Catholic School

### 2018 BRUIN VOLLEYBALL SUMMER CAMP



June 4 – June 7  
9:00 a.m. - Noon

St. Joseph Gym  
Rising 1st - 6th Grade  
Campers