

# Ryan Mitchell's Dragon Volleyball Camp



- 5 Time State Champion Head Coach
- 3rd Year as Dragons Head Coach
- 2016 Regional Finalist



## **LDVB Freshman Camp**

(Incoming 9th Grade)

***Monday, June 5 - Thursday, June 8***

Time: 9:00—11:30 a.m.

Session Name: Freshmen Camp

Site: CSHS      Cost: \$125

## **LDVB Intermediate Camp**

(Incoming 6th-8th Grade)

***Monday, June 5 - Thursday, June 8***

Time: 12:30—3:00 p.m.

Session Name: Intermediate Camp

Site: CSHS      Cost: \$125

## **LDVB Youth Volleyball Camp**

(Incoming 1st- 5th graders)

***Monday, June 5 - Thursday, June 8***

Time: 9:00—11:30 a.m.

Session Name: Youth Camp

Site: CSHS      Cost: \$125



*For More Information Contact Coach Ryan Mitchell  
469-233-4760 or [ryan.mitchell@southlakecarroll.edu](mailto:ryan.mitchell@southlakecarroll.edu)*

***Follow us on Twitter at @LadyDragonVball  
Instagram @ladydragonvolleyball***





# Dragon Volleyball Camp



## 2017 Volleyball Summer Camp Registration Form:

Camper Name: \_\_\_\_\_ Grade for Fall of '17: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

Contact Email: \_\_\_\_\_

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL AXXXL

### SIGN UP FOR:

_____ Freshmen Camp	Cost: \$125	CSHS	9:00—11:30 a.m.
_____ Intermediate Camp	Cost: \$125	CSHS	12:30—3:00 p.m.
_____ Youth Camp	Cost: \$125	CSHS	9:00—11:30 a.m.

**TOTAL COST:** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Make checks payable to: Lady Dragon Volleyball**  
**Mail Registration to:**  
**Carroll Senior High School**  
**C/O Ryan Mitchell**  
**1501 W. Southlake Blvd**  
**Southlake, TX 76092**

**You may also register online at**  
<https://ladydragonvolleyballcamp2017.eventbrite.com>



### EMERGENCY INFORMATION:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

### LIABILITY RELEASE:

I, The undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, the appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all medical costs of medical attention and treatment. I the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Dragon Volleyball Camp Staff, its officers, agents, employees and representative successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### MEDIA RELEASE:

I grant permission for my child's picture to appear in Carroll ISD Athletic publications and on the Dragon Volleyball website in camp photos.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_