Location: Salem High School
44 Gerimonty Dr.
Salem, NH 03079

Grade 9-12: Monday – Thursday August 12th to August 15th

Time: 6:00 – 8:15 p.m.  Cost: $100.00

Getting ready for tryouts Camp is focusing on Serve and Serve Receive and Game Play. We will be playing a lot speedball, 4v4 and 6v6. Courts split based on levels and coaches on each court to help on skills and questions.

If you have any questions or to register, please email John Roemer, Varsity Coach for the Salem Boys and Girls Volleyball Teams at Coachroemer@gmail.com or call 603-321-5890. Payment can be made by cash or check. Please make checks to:

John Roemer
Extreme Volleyball, LLC
212 Arlene Drive
Pelham, NH 03076
2017 Skills Camp Application

Name: ___________________ Date of Birth: ______ Age: ______

Address: ________________________________________________________________

City: _______________ State: ______ Zip Code: ______________

Phone: (___) ___________ Grade level for fall season:_____________

Playing Experience:_______________ # of years playing:

Position: Setter  Libero  def. spec.  OH  MH  RS Hitter

In case of emergency notify:

Name: ___________________ Relationship to player: __________

Home Phone: (___) ___________ Cell Phone: (___) _______________

Email: _____________________________________________________________

List any medical conditions or allergies the camp directors should be aware of:

_________________________________________________________________
_________________________________________________________________

Health Insurance Name: _______________ Policy #____________________

Policy Holders Name: ___________________
In case of emergency, every attempt will be made to contact the person(s) above. If contact is unsuccessful, I authorize the camp staff to provide emergency medical care if necessary. Any expense arising from injury or illness is the responsibility of the person signing below:

Print Name: ______________________________________

Relationship to player: ______________________________________

Signature: ______________________________________

Date: _______________