

Registration Information

Middle School

Pre-Registration Fee.....\$35.00

Walk-Up Fee.....\$45.00

**Pre-Registration deposit of \$25 is required with your registration form by June 30th.

MAKE CHECKS PAYABLE TO:

James Irwin Charter Schools

Registration forms may be mailed to:
JICS

Attn. Mike Prusinowski
5525 Astrozon Blvd
Colorado Springs, CO 80916

Name _____

Address _____

City _____

State _____ Zip _____

Phone # _____

Email: _____

Male _____ Female _____

Age _____ Grade(2011-12) _____

T-Shirt Size (Adult)

YL _____ S _____ M _____ L _____ XL _____ XXL _____

For Questions Call:

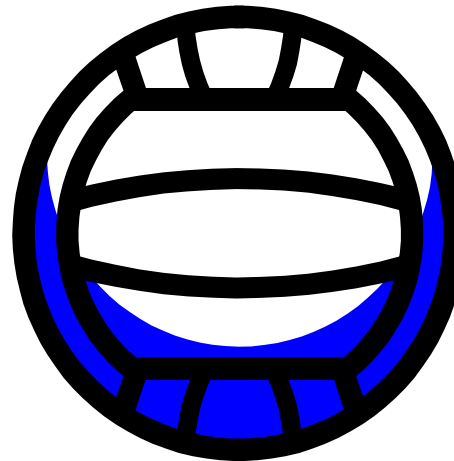
HS Activities Director
HS Head Volleyball Coach

719-302-9024

719-258-0263 (Cell)

mike.prusinowski@jamesirwin.org

Coaches:
Jewell Melillo
8th Girls



GO JAGS!



General/Advanced

Skills Camp

Incoming 4th– 8th

James Irwin Jaguar
Volleyball Camp

2
0
1
1



Middle School Camp

July 11-15

1pm-4pm

James Irwin Field House

JICS Volleyball Camp

Dear Athlete,

Here at James Irwin, it is our goal to provide a camp and program that provides opportunity for each athlete. Opportunity to develop as a player, grow as an individual, and experience the best athletic environment possible.

Thank you for your consideration. We hope you will make the choice to join us this summer.

Sincerely,

Mike Prusinowski
HS Activities Director

James Irwin Charter School
5525 Astrozon Blvd.
Colorado Springs, CO 80916

Topics

Individual Skills and Team Tactics

- Active Warm-Ups
- Serving
- Receiving Serves
- Setting
- Attacking
- Digging and Ball Control
- Blocking
- Components of Offense
- Defensive Systems
- 3-on-3 Games
- 6-on-6 Games
- And much more

Miscellaneous

- T-Shirt For All Participants
- Contests & Prizes
- Learning In A Fun Environment

Parents Release And Indemnity Agreement:

We/I hereby request you accept the camper's application for enrollment in the James Irwin Volleyball Camp 2011. In consideration of your acceptance of this application, we/I hereby agree to release, indemnity and hold harmless James Irwin, its agents, employees, representatives or assigns, the coaching and training staff and camp employees, from all claims resulting from any illness or injury sustained by my child while participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Parent/Legal Guardian

Date