



**AKINS HIGH SCHOOL  
VOLLEYBALL CAMP  
July 24th-26th**



**Who:** All incoming 6<sup>th</sup> – 9<sup>th</sup> graders (as of fall 2023)  
**TIME:** 8:00 am – 11:00 am  
**Where:** Akins High School Gymnasium  
**Cost:** \$100.00

The Akins Volleyball camp is designed to not only give each athlete an opportunity to refresh their volleyball skills and learn new skills and strategies, but also see their future high school, meet the coaching staff and potential future teammates. We will go over the fundamentals of volleyball and introduce offensive, defensive, and serve receive systems. Tryouts for volleyball will begin July 31st.

- PLEASE BRING:**
- Court Shoes
  - Workout Clothes-ankle braces...etc.
  - Water Bottle
  - Good attitude
  - Willingness to learn

- **Additional Considerations:**  
*Snack bar will be open before camp begins, during breaks, and at the end of camp. Campers will be allowed to put money in a camp bank at any time throughout the week of the camp to purchase snacks. Be sure to wear comfortable athletic clothes and court shoes for the camp. If you have any questions, please contact Mandy Thomas at: (512) 841-9702 or via email at amanda.thomas@austinisd.org*

Name: \_\_\_\_\_ Grade ('23-'24) \_\_\_\_\_ Age \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone number: (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 T Shirt Size: (circle one) XS S M L XL XXL

**Make checks payable to:** Akins Volleyball Camp:  
**Mail to:** Akins High School  
 Coach Mandy Thomas  
 10701 S. 1<sup>st</sup> Street  
 Austin, TX 78748



**Waiver of Liability**

I, as parent or guardian, give permission for my child \_\_\_\_\_ to participate in the camp scheduled **July 24-26, 2023 at Akins High School**. I acknowledge that she is physically able to participate in all camp activities. I hereby release and forever discharge Akins High School, Austin Independent School District, it's employees, agents, and contractors in both their public and private capacities from any liability, claims, suits, and damages or cause(s) of action whatsoever from any property damage or personal injury sustained by my child that may arise in connection with the camp activity. I also give my permission for any emergency medical care that may be required as a result of any injury.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Contact Number(s) \_\_\_\_\_