



G6 Volleyball Camp 2026

Coventry High School
July 20th thru July 23rd, 2026



- Camp will be for girls that are entering grades 8th thru 12th.
- Players should sign up for either Varsity(11th/12th) or Junior Varsity(8,9,10th) **
- Camp has a heavy focus on skills, fundamentals, gameplay and competitions.
- Camp will be directed by Coventry Head Coach Ryan Giberson
- Camp runs from 9am to 1pm each day!
- Bring a snack, water bottle and knee pads.
- Cost: \$225 per player
- Each Camper will receive a T-Shirt!
- Register online or fill out the back of this flier and mail to:

Coach Giberson
16 Whispering Woods Road
Tolland, CT 06084

**High level 9th and 10th graders may play up a level if appropriate. Please choose the school level that best fits your player for an optimal experience!

Camp Director:

Coach Ryan Giberson has been a member of Seven Class S State Champion Volleyball Teams. His 2019 and 2024 baseball team won the Class S State Championship. He is a graduate of Eastern Connecticut State University with Bachelors in Communications, Physical Education, Sports Management and Health. Coach also holds a Master's in Athletic Administration and a Sixth Year in Educational Leadership. He was a member of the 2002 National Championship Baseball Team at ECSU. Coach Giberson had 19 years of coaching experience at CHS with the boy's baseball team; and is entering his 17th year with Coventry Volleyball. Coach Giberson believes in daily physical and interpersonal improvement.



Ryan Giberson
CHS Varsity Volleyball Coach
(860) 977-9295
coachgiberson@gmail.com
www.gib6sports.com



G6 VOLLEYBALL CAMP

Contact Information: Ryan Giberson
(860) 977-9295 (Call or Text)
coachgiberson@gmail.com

July 20th-July 23rd, 2026

9am – 1pm

(Cut on the line below and keep upper portion for your records)

**Send to: Coach Giberson 16 Whispering Woods Road
Tolland, CT. 06084
Make Checks payable to: "Gib6 Sports Camps"**

<p>Primary Guardian Information Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell #: _____</p> <p>Emergency Contact Information Name: _____ Home Phone #: _____ Cell #: _____</p> <p>Camper Information Camper's Name: _____ Grade in Fall: _____ DOB: _____ M/F 2nd Camper's Name: _____ Grade in Fall: _____ DOB: _____ M/F</p>

The cost for each session is \$225		
Name	JV/V	Cost

Participation in this program might involve risk of injury. As a parent, or guardian, I am aware of these hazards and the camper's ability to participate. In consideration for participating in the program above, I hereby, for myself and my heirs, waive and release any and all claims against GIB6 Sports camps, its successors and assigns, employees, agents and representatives for any and all kinds of injury and or property damage suffered by my child, myself or my ward while participating in this activity. In addition, I give permission for the camp participant to be treated by qualified medical personnel in the even above named primary guardian/emergency contact cannot be present.

Signed: _____
Name Printed: _____
Date: _____