



G6 Volleyball Training Sessions

Coventry High School (Hurlock Gymnasium)

Three Sessions beginning in January 2026

Dates Listed Below:

(Session 1: 1/6, 1/8, 1/14, 1/15, 1/21, 1/22, 1/27, 2/4 (8th-12th graders. Session 2: 2/5, 2/11, 2/12, 2/18, 2/19, 2/25, 2/26, 3/4 (8th-12th graders) Session 3: TBA March-April (5th through 12th graders))



- Three Sessions of fundamental instruction and gameplay
- Session 1: 1/6, 1/8, 1/14, 1/15, 1/21, 1/22, 1/27, 2/4 (8th-12th graders.
Session 2: 2/5, 2/11, 2/12, 2/18, 2/19, 2/25, 2/26, 3/4 (8th-12th graders)
Session 3: TBA March-April (5th through 12th graders)
- The 8th-12th grade sessions will consist of one hour of skill work and one hour of gameplay. Middle school will be heavy on high repetitions and fundamentals with small sided gameplay. There is **NO** experience necessary for the middle school sessions.
- Each session will be directed and taught by Coventry High School Coach Ryan Giberson. We will also feature certified high school coaches and area collegiate players.
- Cost: \$315/session per player per
- Each Camper will receive a T-Shirt!
- For more FAQ'S please refer to www.gib6sports.com
- *Certain dates may be subject to change
- Register online or fill out the back of this flier and mail to:

Coach Giberson

16 Whispering Woods Road

Tolland, CT 06084

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 6th year in Educational Leadership. He was a member of the 2002 National Championship Baseball Team at ECSU. Coach Giberson has 21 years of coaching experience at CHS with the boy's baseball team; and recently completed his 16th year with Coventry Volleyball. Coach's philosophy is to improve as a person and player each day.



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



G6 Volleyball Training

Contact Information: Ryan Giberson
 (860) 977-9295 (Call or Text)
coachgiberson@gmail.com
 Multiple Dates January 2026-March 2026
 7pm – 9pm
 (Cut on 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"

Primary Guardian Information Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell #: _____ Emergency Contact Information Name: _____ Home Phone #: _____ Cell #: _____ Camper Information Athlete's Name: _____ Grade: ____ DOB: _____ M/Th 2nd Athlete's Name: _____	The Cost for each session is \$315 per player <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Campers Name</th> <th style="text-align: center; border-bottom: 1px solid black;">Level of Vball Experience Grade</th> <th style="text-align: right; border-bottom: 1px solid black;">Total Cost:</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; border: 1px solid black; position: relative;"> </td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; text-align: right; padding-top: 10px;"> Total Cost_____ </td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>	Campers Name	Level of Vball Experience Grade	Total Cost:				Total Cost _____		
Campers Name	Level of Vball Experience Grade	Total Cost:								
Total 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: _____