



## G6 Beginner Volleyball Camp 2024

Coventry High School June 24 thru 27th, 2024 6-8 P.M.

- The camp will be for girls entering 4th thru 9th grade.
- Camp will run from 6-8 p.m. These sessions are open to **All** area players.
- The main focus is on skill and player development. Fundamentals of passing, hitting, setting and serving will be taught. Players will also engage in small sided game play. The focus of these sessions is to develop beginning volleyball skills!
- Former Coventry Volleyball players will be assisting. The session will be run by Coach Giberson with the potential for other top level guest coaches.
- Each player will receive a t-shirt. You should bring shorts/spandex, a snack and water bottle.
- Cost: \$160 per player
- Register online or fill out the back of this flier and mail to:  
Coach Giberson  
16 Whispering Woods Road Tolland, CT 06084

### **Instructional League Director:**

Coach Ryan Giberson has been a member of five Class S State Champion Volleyball Teams. His 2019 baseball team also 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 Degree in Athletic Administration and a 6<sup>th</sup> Year in Educational Leadership. He was a member of the 2002 National Championship Baseball Team at ECSU. Coach Giberson has 20 years of coaching experience at CHS with the boy's baseball team; and is entering his 14th year with Coventry Volleyball. Coach's philosophy is to improve physically and mentally every day.





Ryan Giberson  
 CHS Varsity Volleyball Coach  
 (860) 977-9295

[coachgiberson@gmail.com](mailto:coachgiberson@gmail.com)  
[www.gib6sports.com](http://www.gib6sports.com)

# **COVENTRY** **VOLLEYBALL CAMP**



**Contact Information: Ryan Giberson**  
**(860) 977-9295**  
**[coachgiberson@gmail.com](mailto:coachgiberson@gmail.com)**  
**June 24-27**  
**6 – 8pm**

**(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**

Camper's Name: \_\_\_\_\_  
 Grade in Fall: \_\_\_\_ DOB: \_\_\_\_\_ M/F  
 2<sup>nd</sup> Camper's Name: \_\_\_\_\_  
 Grade in Fall: \_\_\_\_ DOB: \_\_\_\_\_ M/F

The Cost for the camp is \$160 per player

Campers Name	Level of Vball Experience		Cost
	Grade		
<b>Total Cost</b>			

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: \_\_\_\_\_