



2025 HOT SHOTZ SUMMER CAMPS & OPEN GYMS



Registration Form

ALL INDOOR CAMPS WILL BE HELD AT:
Mitchel High School
1205 Potter Dr

Camps for ages from 9-18yrs old. Please check the box of all camps that you would like to attend.

Walk-ups are \$10 more for each camp. Walk-ups for open gym is no additional fee.

<u>Camp</u>	<u>Date</u>	<input type="checkbox"/>	<u>Times</u>	<u>Cost</u>
Open gym	6/14	<input type="checkbox"/>	3:15-4:45pm	\$10
Open gym	6/21	<input type="checkbox"/>	3:15-4:45pm	\$10
Serving (positions offered 7/16)	7/14 & 7/16 (2 days)	<input type="checkbox"/>	6:00-7:00pm	\$40
Passing (positions offered 7/16)	7/14 & 7/16 (2 days)	<input type="checkbox"/>	7:00-8:00pm	\$40
Setting (positions offered)	7/15 & 7/17 (2 days)	<input type="checkbox"/>	6:00-7:00pm	\$40
Hitting (positions offered)	7/15 & 7/17 (2 days)	<input type="checkbox"/>	7:00-8:00pm	\$40
All skills camp (positions offered)	7/19	<input type="checkbox"/>	9:30am – NOON	\$60
Open gym (positions offered)	7/20	<input type="checkbox"/>	3:15-4:45pm	\$10
Serving (positions offered)	7/21 & 7/23 (2 days)	<input type="checkbox"/>	6:00-7:00pm	\$40
Passing (positions offered)	7/21 & 7/23 (2 days)	<input type="checkbox"/>	7:00-8:00pm	\$40
Setting (positions offered)	7/22 & 7/24 (2 days)	<input type="checkbox"/>	6:00-7:00pm	\$40
Hitting (positions offered)	7/22 & 7/24 (2 days)	<input type="checkbox"/>	7:00-8:00pm	\$40
Open gym (positions offered)	7/27	<input type="checkbox"/>	3:15-4:45pm	\$10
ALL SUMMER PASS –PARTICIPANT IS ABLE TO ATTEND ANY OPEN GYM, INDOOR CAMP, JUMP TRAINING AND AGILITY TRAINING. (\$800 value). IF REGISTERED BY 4/7, COST IS \$475. IF REGISTERED AFTER 4/7, COST IS \$575. DEADLINE FOR ANY SUMMER PASS IS 6/1. CHECK BOX ON THIS AND REMIT PAYMENT. <input type="checkbox"/>				
There will not be a formal tryout. Positions can be offered at different open gyms and camps				

Each camp will have coaches ready to work with beginner level to club level players.

Any questions, to email the sign-up form before the camp, inquire about the club or making payment via Venmo, please contact: Kevin Campbell 719-323-8665 kevcam23@yahoo.com

Player Name _____ Parent name _____

Player DOB _____ Parent email _____ Parent Cell _____

Mail Payment In Full to:

**Hot Shotz Volleyball
4270 McPherson Ave
Colorado Springs, CO 80909**

Informed Consent and Waiver of Liability Informed Consent and Waiver of Liability

I understand the potential risks of injury and agree and assume responsibility for any medical expense associated with any injury incidental to the program. I do further release, absolve, indemnify, and hold harmless any member of HOT SHOTZ staff from and against any claims, demands, liability, cost of suits, damages, loss and or judgments arising out of participation. I understand no refunds are provided. In the event I cannot be reached in an emergency, I authorize the HOT SHOTZ staff to seek emergency assistance at my expense.

Parent Signature _____

Date _____

Emergency contact _____

Phone _____