

# MCCAFFREY VOLLEYBALL CAMPS 2017

**Evening Session: June 26, 27, 28 6:30 - 8:30pm \$70**  
**Ladue Fifth Grade Center - 10900 Ladue Rd. 63141**

**Morning Session: July 17, 18, 19, 20 9am-12pm \$100**  
**Ladue Middle School - 9701 Conway Rd. 63124**

**CAMP MISSION:** THE PURPOSE OF VOLLEYBALL CAMP IS TO TEACH & DEVELOP VOLLEYBALL FUNDAMENTALS & GAME STRATEGIES. BASIC SKILLS ARE STRESSED IN DRILLS WHILE TEAM PLAY IS INCORPORATED TO TEACH GAME FUNDAMENTALS.

**CAMP DIRECTOR:** LADUE VARSITY VOLLEYBALL COACH ROBERTA MCCAFFREY, IS THE CAMP DIRECTOR. SHE HAS TAUGHT & COACHED IN LADUE FOR THE PAST 21 YEARS, A GA AT THE UNIVERSITY OF CENTRAL ARKANSAS & THE COACH OF SEVERAL CLUB TEAMS IN THE ARKANSAS & MISSOURI AREAS, CURRENTLY AT MIDWEST ELITE. CAMP STAFF WILL INCLUDE LADUE STAFF, ALUMNI & PLAYERS.

(RETURN APPLICATION BELOW WITH PAYMENT)

\_\_\_\_\_ 2017 MCCAFFREY VOLLEYBALL CAMP  
\_\_\_\_\_ Evening Session \$70

\_\_\_\_\_ Morning Session \$100



**MAIL APPLICATION/CHECK WRITTEN TO:**

**ROBERTA MCCAFFREY**  
**2116 PARDOROYAL DRIVE**  
**DES PERES, MO 63131**

**(314) 603-0046**  
[rmccaffrey@ladueschools.net](mailto:rmccaffrey@ladueschools.net)

**NAME**\_\_\_\_\_

**SCHOOL/GRADE**\_\_\_\_\_ **DOB**\_\_\_\_\_

**PARENT(S)**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**PHONE**\_\_\_\_\_ **EMAIL**\_\_\_\_\_

**EMERGENCY NAME/PHONE**\_\_\_\_\_

I HEREBY REQUEST THAT MY CHILD BE ADMITTED TO THE MCCAFFREY VOLLEYBALL CAMP & AUTHORIZE THE DIRECTORS TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I ALSO STATE THAT MY CHILD IS COVERED BY ACCIDENT INSURANCE WHICH PROVIDES PROTECTION FOR ACCIDENTAL BODILY INJURY WHILE PARTICIPATING IN APPROVED SCHOOL CAMP.

**PARENT/GUARDIAN(S) SIGNATURE**\_\_\_\_\_

**PHONE**\_\_\_\_\_ **DATE**\_\_\_\_\_

