



# 2025 GIRLS VOLLEYBALL CAMP



The Bellport High School Volleyball Team is offering a Volleyball Camp this summer designed specifically for girls!!

**DIRECTORS:** Samantha Colombo – Bellport Volleyball Coach  
Ellen Hoffman - Bellport Volleyball Coach  
Jamie Trowbridge – Bellport Volleyball Coach

**STAFF:** High School Coaches and College volleyball players  
**DATES:** Mon. June 30th through Thurs. July 3rd  
Mon. July 7th through Thurs. July 10th  
**SITE:** Bellport High School, Brookhaven NY

## ENROLLMENT IS LIMITED TO 60 APPLICANTS PER SESSION

9:00 a.m. – 12:00 p.m. (Session 1 – 4 days)

9:00 a.m. – 12:00 p.m. (Session 2 – 4 days)

<b><u>SESSION 1</u></b>	Girls entering 4 <sup>th</sup> through 8 <sup>th</sup> grade as of 9/25	June 30th - July 3rd
<b><u>SESSION 2</u></b>	Girls entering 8 <sup>th</sup> through 12 <sup>th</sup> grade as of 9/25	July 7th – July 10th

<b>CAMP COST:</b> \$100 Pre-registration Program (Up to June 26 <sup>th</sup> )	Includes: T-Shirt
\$120 (After June 26 <sup>th</sup> up to start of camp)	(if pre-registered)

## NO REFUNDS AFTER THE FIRST DAY OF CAMP

Questions regarding the program call: 631-965-1933 or [ehoffman@southcountry.org](mailto:ehoffman@southcountry.org) or  
631-576-6167 or [SaColombo@southcountry.org](mailto:SaColombo@southcountry.org)

Make checks payable to: Bellport High School (please include phone number on check)

Send checks to: Ellen Hoffman  
8 Country Club Rd.

**CASH IS PREFERRED** Bellport, NY 11713

## VOLLEYBALL CAMP 2025

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_  
Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
New Player \_\_\_\_\_ Returning Player \_\_\_\_\_  
Grade Entering 9/25 \_\_\_\_\_

### CIRCLE SESSION:

Session 1- 6/30 – 7/3, 4<sup>th</sup> – 8<sup>th</sup>

Session 2- 7/7 – 7/10, 8<sup>th</sup> – 12<sup>th</sup>

PLEASE CIRCLE T-SHIRT SIZE: (ADULT SIZES ONLY)

SM. MED. LG. XL.

### Registration and Insurance Fees are Non-Refundable

I/We, the parents of the above named child, hereby give consent for participation in the activity and do claim that he/she is in perfect physical condition to participate in said activity.  
Furthermore, I/we, the parent(s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current session. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the South Country School District., associated organizations, the organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of an injury to my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

Parent(s)/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent email \_\_\_\_\_