



## “SUMMER NIGHTS” VOLLEYBALL CLINIC

**Where:** Valley View School, Watchung, NJ  
**For:** Any student in 5th through 9th grade  
**When:** 6:00 to 8:00 pm  
7/6, 7/13, 7/20, 7/27, 8/17, 8/24  
**Cost:** \$275

This clinic is exactly what “SUMMER NIGHTS” should be...evenings spent with friends and having fun. Come hang out, play some volleyball, and enjoy the competitions, and company!! Campers will have the opportunity to play numerous tournaments each session. All skill levels welcome!!

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**TO REGISTER: EMAIL MR.B AT MRBSSPORTSCAMPS@YAHOO.COM**

**CHECKS PAYABLE TO B-ACTIVE LLC OR VENMO AT MATT-BUGLOVSKY  
MAIL REGISTRATIONS/PAYMENTS TO PO BOX 79, POTTERSVILLE, NJ 07979**

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Camper's Name \_\_\_\_\_ Grade \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

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**PLEASE CHOOSE THE LEAGUE THAT YOUR CHILD WOULD MOST LIKELY WANT TO PARTICIPATE IN:**

A League \_\_\_\_\_ Mostly 7th - 9th graders with experience. Serve overhand, and teams pass, set, and swing on most possessions.

B League \_\_\_\_\_ Mostly 5th - 7th graders with less experience. Most serve underhand, with teams sometimes passing to each other, and other times, they just hit the ball over the net.

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Health Certification Statement: I hereby certify that my son/daughter is in good physical health and may participate in all camp athletic activities. This permission also constitutes release of liability on the part of the Borough of Watchung/Watchung Recreation and Mr. B's Sports Camps and staff/or any of their employees for any accident, injury or any damage or loss incurred during this activity or any part of this program. Furthermore, my signature authorizes the camp staff to act using their best judgment in any emergency requiring medical attention.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_