

# WINGS VOLLEYBALL CAMP

ACADEMY *of the* HOLY ANGELS

***For Girls in Grades 5-8***

**JULY 21-24**  
**9:30AM-2:30PM**

Join us for Wings Volleyball Camp, where players of all skill levels can sharpen their technique, build confidence, and develop a true love for the game! Led by our experienced coaches and AHA athletes, campers will focus on fundamental skills, advanced strategies, teamwork, and sportsmanship in a fun and supportive environment. Whether you're looking to improve your passing, setting, hitting, or serving, this camp is the perfect opportunity to take your game to the next level.

**\$400 Per Athlete**

\$20 per day discount for returning AHA players

For more information on Holy Angels Camps,  
visit: [holyangels.org/athletics/summer-sports-camps](https://holyangels.org/athletics/summer-sports-camps)

**ACADEMY OF THE HOLY ANGELS**

315 Hillside Avenue | Demarest, NJ 07627



**Head Coach**  
**Hunter DeBellis**  
[hdebellis@holyangels.org](mailto:hdebellis@holyangels.org)





### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept. 2025 : \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ Volleyball Experience (yrs): \_\_\_\_\_

Anticipated HS School: \_\_\_\_\_

### Parent Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

As a parent/legal guardian of \_\_\_\_\_, I hereby give my full consent and approval for my child to participate in the Wings Volleyball Camp at the Academy of the Holy Angels. I understand that good physical condition and freedom from injury are prerequisites to participate in this athletic activity. I certify that I have no knowledge of any physical impairment that would affect my child's participation in this camp program. In addition to giving my full consent for my child's participation, I do hereby waive release and hold harmless any camp facility, coach, and supervisor by my child in the normal course of participation and activities incidental thereto, whether a result of negligence or any other carelessness.

Parent Signature: \_\_\_\_\_

**Fee: \$400 non-refundable\***

*Check can be made payable to 'Wings Volleyball Camp'*

#### **Registration:**

Please mail the completed registration form, health form, and check to:

The Academy of the Holy Angels Attn: Athletic Department

315 Hillside Avenue Demarest, NJ 07627.

**Must be completed IN FULL by parent or guardian. Incomplete forms will be returned.**

(STREET ADDRESS) (CITY) (STATE) (ZIP)

**Date of last Physical** \_\_\_\_\_ **Date of last Tetanus** \_\_\_\_\_

| Has the student ever experienced:                                       | NO | YES | Dates (All YES answers must be explained) |
|---|----|-----|---|
| Allergies   |    |     |   |
| Asthma /Reactive Airway/ Any Breathing Problems                         |    |     |   |
| Blood Disorders/Nose Bleeds   |    |     |   |
| Cancer  |    |     |   |
| Chicken Pox   |    |     |   |
| Diabetes  |    |     |   |
| Headaches/ Concussion/ Unconsciousness/Memory Loss/Head Blow/Black Outs |    |     |   |
| Hearing Problems/Hearing Aid  |    |     |   |
| Heart Disease/Problems with exercise                                    |    |     |   |
| Hepatitis   |    |     |   |
| Hi/Lo Blood Pressure/Fainting   |    |     |   |
| Hospitalizations/Infections/ER Visits                                   |    |     |   |
| Kidney /Urinary Tract Problem   |    |     |   |
| Medication Reactions  |    |     |   |
| Menstrual Disorder  |    |     |   |
| Mononucleosis/Fatigue/Tiredness   |    |     |   |
| Muscular Disorder/Ligament/ Tendon Damage/Injury/Sprains                |    |     |   |
| Orthopedic Disorder/ Broken Bones                                       |    |     |   |
| Chest Pain/Racing Heart   |    |     |   |
| Scoliosis   |    |     |   |
| Seizure Disorder  |    |     |   |

|  |  |  |  |
|--|--|--|--|
| Strep Infections                       |  |  |  |
| Surgery/Outpatient Procedures/Tests    |  |  |  |
| Ulcer/Gastrointestinal Disorder        |  |  |  |
| Visual Problems/Glasses/Contact Lenses |  |  |  |
| Other                                  |  |  |  |

Since the last physical, has there been any incident of Heart Attack/Heart Trouble in a family member under 50 years of age? \_\_\_\_ N \_\_\_\_ Y

Any incident of sudden death of a family member? \_\_\_\_ N \_\_\_\_ Y

Does the student take any medication on a regular basis? No / Yes Name of Medication: \_\_\_\_\_

Recently stopped a medication? No / Yes Name of Medication: \_\_\_\_\_

Has the student ever been advised by a physician not to play a sport? \_\_\_\_ N \_\_\_\_ Y Reason: \_\_\_\_\_

**Parent/Guardian 1 Full Name** \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

*This information will be shared with all appropriate school personnel as needed.*

**Parent/Guardian 1 Full Name** \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

*This information will be shared with all appropriate school personnel as needed.*

**Emergency Contact 1**

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact 2**

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

**By signing below, we are confirming that we have read and agree to the terms outlined above:**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE DATE**