

PENDLETON

VOLLEYBALL

Youth All-Skills Camp 2026

AUGUST 11-12

Warberg Court – Pendleton High School

Grades 3-5 10am-12pm
Grades 6-8 1-3pm



- The Camp & Staff -

The camp is directed by the Pendleton High School Volleyball staff and team. Campers will enjoy developing and improving their fundamental volleyball skills during this 2-day camp in an environment that is positive and encouraging.

The focus will be on learning proper techniques of passing, setting, hitting, and serving. Campers will also be involved in team play and will learn about the importance of communication and teamwork. This camp is open to all skill levels and is a great way to prepare for the upcoming season!

For questions please contact:

Jodi Primus 541-969-3693 or jprimus@pendletonsd.org

[CAMP REGISTRATION FORM]

Camper Name: _____

Address: _____

City, State, Zip: _____

Parent Name: _____

Parent Phone: _____

T-Shirt Size **(Adult Sizes)** [Circle One] **OR** **(Youth Sizes)** [Circle One]

S M L XL M L

I am registering for: **[PLEASE CHECK ONE]**

_____ **(\$50)** Session 1: **Grades 3 – 5**
Aug 11-12 from 10:00 AM – 12:00 PM

_____ **(\$50)** Session 2: **Grades 6 – 8**
Aug 11-12 from 1:00 PM – 3:00 PM

Grade in **2026-27** School Year: _____ TOTAL ENCLOSED \$ _____

Mail registration form and cash or check (**payable to PHS Volleyball**) or bring in person to camp:

Pendleton Youth Volleyball Camp
 c/o Jodi Primus
 1700 SW 18th Street
 Pendleton, OR 97801

Medical Release:

I authorize the staff of Pendleton Youth Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention for my child and I hereby waive and release Pendleton High School and its coaching staff from any and all liability for any injuries or illnesses incurred while at this camp. I have no knowledge of any physical impairment that would be affected by the above-named camper's participation in this camp. By signing below, I give my permission for my athlete to participate in this camp and attest that my athlete is covered by medical insurance during this camp.

Medical conditions, medications, allergies, or other pertinent information:

Medical Insurance _____ Policy No. _____

Parent/Guardian Signature _____ Date _____



PLEASE DETACH AND MAIL REGISTRATION FORM TO: Pendleton Youth Volleyball Camp c/o Jodi Primus 1700 SW 18th STREET, PENDLETON, OR 97801