



SV Volleyball Requirements

- The athlete **MUST** be in the athletic period each day.
- If the athlete was at SVHS the previous school year, she must have gone through the off season program in order to tryout the following fall.
- The SV volleyball athletes are held to a higher standard in all aspects:
 - * Grades
 - * Appearance
 - * Leadership
- Smithson Valley volleyball is a very competitive program and the lessons learned will benefit the athlete for life.

Contact Info:

Coach Courtney Patton

830-885-1102

Courtney.patton@comalisd.org

More information always available at

www.rangersnetwork.com

SMITHSON VALLEY HIGH SCHOOL
VOLLEYBALL
14001 TX HWY 46
SPRING BRANCH, TX 78070
830-885-1102



2018 VOLLEYBALL CAMPS



2017 MVP

#7 Tara McLeod

SMITHSON VALLEY
VOLLEYBALL
COACHING STAFF

Head Coach: Courtney Patton

JV Coach: Brooke Moczygamba

Freshmen A: Kylie O'Brien

Freshmen B: Sierra Holly

SMITHSON VALLEY
VOLLEYBALL HISTORY

2017 Bi District Finalists

2016 Area Finalists

2015 Bi District Finalists

2014 Bi District Finalists

2013 Bi District Finalists

2012 Regional Finalists

2011 Area Finalists

2010 Regional Qtr. Finalists

2009 Bi District Finalists

2008 Area Finalists

2007 Area Finalists

2006 Bi District Finalists

2005 Regional Qtr. Finalists

2003 Area Finalists

2001 Regional Qtr. Finalists

2000 Area Finalists

1999 Regional Finalists

1997 Regional Qtr. Finalists

YOUTH SCHOOL CAMP (4TH-6TH)

Date: July 23-26

Time: 1:30-3:30

Location: SHVS

**Make Checks payable to: SVHS

MIDDLE SCHOOL CAMP (7TH-8TH)

Date: July 23-26

Time: 1:30-3:30

Location: SVHS

**Make Checks payable to: SVHS

INCOMING FRESHMEN CAMP (9TH)

Date: July 23-26

Time: 9-12

Location: SVHS

**Make Checks payable to: SVHS

JV CAMP

Date: July 30-31

Time: 9-12 both days & 1-4 Monday only

Location: SVHS

**\$75 cash only for payment

VARSIITY CAMP

Date: July 30-31

Time: 9-12 & 1-4 both days

Location: SVHS

**\$100 cash only for payment

SMITHSON VALLEY
VOLLEYBALL

Sign up for: Price

- | | |
|---|----------|
| <input type="checkbox"/> Youth Camp | \$50.00 |
| <input type="checkbox"/> Middle School Camp | \$50.00 |
| <input type="checkbox"/> Incoming Freshmen Camp | \$60.00 |
| <input type="checkbox"/> JV Camp-CASH ONLY | \$75.00 |
| <input type="checkbox"/> Varsity Camp-CASH ONLY | \$100.00 |

Total: _____

There will be NO refunds for any of the camps.

Adult T-shirt Size: XS S M L XL (circle one)

Contact Info:

Athlete's Name

Parent/Guardian's Name

Address

Email Address

Phone

Grade your child will be entering- Fall '18 _____

Method of Payment

- Check- Make payable to appropriate person (page to left)
 Cash

Please read and initial each item:

____ I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child, if I cannot be reached in an emergency.

____ I agree that neither I, nor my child, will bring claims of any kind against the Comal ISD or Camp Instructors as a result of any injuries, expenses, or damages that I, or my child may suffer in connection with my child's participation in the SV Volleyball Camp, whether such claims are know or unknown or arise in the future.

I understand and accept the terms of this Medical Care Consent & Release of Liability form and am the parent or legal guardian of the child named above.

Signature _____ Date _____

Print Name _____