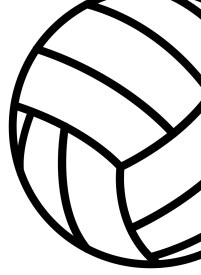


# TROJAN YOUTH VOLLEYBALL CAMP



Camp Director: Taylor Smith  
Email: [taylor.smith@tctrojans.org](mailto:taylor.smith@tctrojans.org)

**Camp Dates:**  
Tuesday-Thursday  
August 4th-6th  
**Time:**  
10:30 AM - 12:30 PM

**Cost:** \$60  
(Make checks payable to  
Tri-Center Volleyball)  
**Grades:** 4th - 8th  
**Location:** Tri-Center High  
School Gym

## The camp will cover these main areas:

- Serving, Passing, Setting, Hitting.
- They will be introduced to the idea of rotations, offensive and defensive positions, and team play.
- The main focus will be to teach fundamentals and to get as many ball contacts as possible.
- To return your registration, send it to Tri-Center Elementary School, C/O Taylor Smith, 33980 310<sup>th</sup> Street, Neola, IA 51559 or **via email:**  
[taylor.smith@tctrojans.org](mailto:taylor.smith@tctrojans.org)

## Registration Form:

- **Deadline:** Register by May 21st, 2026
- You can **email** your intent to participate to [taylor.smith@tctrojans.org](mailto:taylor.smith@tctrojans.org) - Please include your daughter's name and t-shirt size.
- **You may register late, but a t-shirt won't be promised.**

Participants Name: \_\_\_\_\_

Grade entering in the fall of 2026 (Please Circle): 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>

T-Shirt Size (Please Circle): Youth Sm, Youth Med, Youth Large, Adult Sm, Adult Med, Adult Large, Adult XL

I understand that participation in this volleyball camp could include actions or tasks that might be hazardous to the participant named above. By signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in this volleyball camp. I release Taylor Smith and her staff from all liability, costs and damages which might arise from participation.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_