

# Central 2017 Volleyball Camp

Featuring Scott Touzinsky 2008 Olympic Gold Medalist



## Camp Info

### All Skills Camp

Boys Ages: 10-18 years old

Contact Info:  
Kris Scigliano

kris.scigliano@gmail.com

412-915-8021

Dates: August 22, 23 & 24, 2017

Times: 10 AM-12 PM 12:30-2PM

Pittsburgh Central Catholic High School  
4720 Fifth Ave.  
Pittsburgh, PA 15213

Cost:

\$235/Camper before July 19  
\$250/Camper after July 19

Touzinsky's elite volleyball camp is an all skills camp that works on the camper's fundamentals, technique and mental toughness. Our goal is to develop a solid foundation so that he/she can become an elite volleyball player. We strive to maintain a fun and competitive atmosphere so the camper can get the most out of each touch of the volleyball.

### About Scott

- \*2008 Olympic Gold Medalist
- Beijing, China
- \*12 Years Professionally Overseas
- \*7 Professional Championships
- \*3 Professional Cups
- \*6 Years U.S. Nat'l Team

### Camp Skills

- \*Ball Control
- \*Defensive Positioning
- \*Advanced Attacking
- \*Serving Variation
- \*Footwork
- \*The Mental Game

**Don't miss this rare opportunity to see and take a picture with an olympic gold medal.** Each camper will also receive a t-shirt. Sign up today (availability is limited and there is an early registration discount.)

**Registration Form**  
**Central Catholic High School Volleyball Camp**  
**Featuring Scott Touzinsky & Tim Johnson**

All Skills Camp  
August 22, 23 & 24, 2017

10AM-12PM 12:30PM-2:30PM

Location: Pittsburgh Central Catholic High School

Cost: \$235/camper (before July 31)  
\$250/camper (after July 31)

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

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Men's Adult T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_ Parent Work # \_\_\_\_\_

Parents Name & Emergency Contact \_\_\_\_\_

**Warning liability, Release, Acknowledgement and Assumption of Risks**

I understand that participation in this volleyball camp involves the risk of injury. These risks include collision with other players, being hit by the ball, falling onto the ground or the net, scratches, bruises, ETC. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the camp and to follow reasonable instruction of the coaches and supervisors of the camp. Furthermore, in return for the opportunity to participate in this camp, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the county, its employees, or its agents for bodily injury or death resulting from this camp, and to release those parties from any liability for damages resulting from my injuries or death.

Signature \_\_\_\_\_

Parent or Guardian

Date \_\_\_\_\_ Make Checks Payable To: Kris Scigliano

Mail With Fee To:

Kris Scigliano  
1034 Jancey St.  
Pittsburgh, PA 15206  
kris.scigliano@gmail.com 412-915-8021

Refund Policy: Non-Refundable \$50 Administrative Fee

***Lunch will be provided for an additional fee by the Central Volleyball Boosters details will be announced.***