

**CHARLIE SULLIVAN**

 **Champlain Valley Union High School - 2024**

*“Come learn from the Best”*

*Complete instruction in fundamentals, video review and game strategies*

**CHARLIE SULLIVAN – Springfield College Men’s Volleyball Coach**

* **Head Coach USA Youth National Team – Final 4 World Championship**
* **11 Time Div. III National Champion Coach**
* **USA Men’s Volleyball Assistant Coach – Bronze Medal in Rio**
* **USA Volleyball All-Time Great Coach Award Recipient**
* **AVCA Div. III National Coach of the Year 5Xs – Regional COY 15Xs**
* **Coached more All-Americans, Players of the Year, Most Improved Players than any coach in NCAA Men’s Volleyball.**
* **Professor Physical Education at Springfield College 24 years**
* **Full Bio at** [**www.springfieldcollegepride.com**](http://www.springfieldcollegepride.com)**.**
* **Camp web site** [**www.coachcharliesullivan.com**](http://www.coachcharliesullivan.com)

**@ CVU- Girls’ Clinic**

**When:** July 31 – August 2 Wed-Fri

Each Day’s schedule 12:30-3:30

**Price:** $190

This camp will use “Low risk” policies that comply with the Governors COVID-19 guidelines for summer camps. You can email Coach Sullivan to get a list of the policies to see how the camp is being conducted. Camp includes Coach Sullivan’s fundamental approach, 6 v 6 game activities, video analysis of players performances all with Coach Sullivan on your court. This camp is a great way to prepare for your season.

------------------------------------------------------------------------DETACH -------------------------------------------------------------------

**Registration Information**

Detach the participant information and mail it to Coach Charlie Sullivan with full payment at: *45 Cumberland Road. West Hartford, CT 06119*. Checks made payable to: *Charlie Sullivan*. Any questions you can email Coach Sullivan at csulliva@Springfieldcollege.edu. Upon receiving your participant information Coach Sullivan will email you confirmation that a spot has been reserved for you. Please print neatly so I can be sure to get your email address correct! Or you can email Coach Sullivan to request to pay with Venmo and email a scanned copy of the information below, to reserve a spot at the camp. Thank you!

Name of Participant (CVU Girls): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Fall­­­­ HS Grade: \_\_\_\_\_\_\_\_\_ Specialize Position (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attending H.S. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Experience: \_\_\_\_\_\_\_\_

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

**In case of an emergency please contact:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has my permission to participate in the Springfield College Volleyball Camp program. I understand the volleyball staff assumes no responsibility for accidents and medical or dental expenses incurred as a result of participation in this camp. In case of an emergency, understand every attempt will be made to contact the above person (s). If contact is unsuccessful, I authorize the camp to arrange the necessary medical treatment for my child.

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