



# Charlie Sullivan

## Gaudet Middle School - 2024

**"High School Season Warm up"**

Complete instruction in fundamentals, and game strategies



### **CHARLIE SULLIVAN** – Springfield College Men's Volleyball Coach

- **Head Coach USA U-19 Youth National Team – 4<sup>th</sup> place in World Championship, 2024**
- **11 Time Div. III National Champion Coach**
- **USA Men's Volleyball Consultant Assistant Coach – Bronze Medal Rio**
- **USA Volleyball All-Time Great Coach Award Recipient 2015**
- **AVCA Div. III National Coach of the Year 5Xs – EIVA 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)**

**@ Gaudet Middle School – Middletown, RI**

**When:** Wednesday July 10 – Friday July 12

Daily Schedule 9-12:30

**Price:** \$190

This camp will use "Low risk" policies that comply with the Governors COVID-19 guidelines for 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. Come and get warmed up for high school season! Coach Sullivan will coach you and your team individually and in the camp setting to get your team ready 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](mailto: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 the information to Coach Sullivan and request to pay with Venmo to reserve a spot at the camp. Thank you!

Name of Participant (GMS): \_\_\_\_\_ Age: \_\_\_\_\_

Current 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: \_\_\_\_\_