



BEN BITNER
Athletic Coordinator
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2025 VETERANS MEMORIAL EAGLE ATHLETICS SUMMER STRENGTH & CONDITIONING CAMP

- Who:** All incoming 9th – 12th Grade Male/Female Veterans Memorial athletes
All incoming 7th – 8th Grade Male/Female Kaffie/Lexington/Adkins athletes in Veterans Memorial attendance zone
- What:** Strength, speed, agility, conditioning camp, focusing on the overall athletic development of all athletes. Camp run and coached by Middle & High School coaches from Veterans Memorial High School and feeder Middle Schools.
- When:** June 9 – June 26, July 7 – July 24, (Monday – Thursday) July 28 – July 31 will be open field/weight room
7:30 am – 9:30 am (Male High School athletes will start at 7:30 am sharp)
9:30 am – 11:30 am (Female High School athletes & Middle School athletes will start at 9:30 am sharp)
- Where:** Veterans Memorial Weight Room/Turf and/or Grass Field/Gym (Report to Turf Field at start of session)
- Cost:** Free (We are asking for a donation up to \$50 made on VMHS Web Store to help Athletic Program)
- Attire:** Athletic clothes, Tennis Shoes, Cleats, Water Jug/Bottle
- Questions:** Contact Athletic Coordinator Ben Bitner,
Phone: (361) 878-7949
Email: ben.bitner@ccisd.us



** Donations will go to benefit the entire Athletic Program at Veterans Memorial & Summer S&C. **

[https://veterans-memorial-hs.myschoolcentral.com/\(S\(xvsf4nun40mtd3irhffg3qft\)\)/Index.aspx](https://veterans-memorial-hs.myschoolcentral.com/(S(xvsf4nun40mtd3irhffg3qft))/Index.aspx)

**** All students must have a physical on file. ****

PARENTAL RELEASE FORM

I hereby release Veterans Memorial High School and Corpus Christi Independent School District and all their respective officers, regents, trustees, employees, and agents of any kind from any and all liability for any acts or omissions, claims, causes of action, injuries, damages, or cost of expenses regarding or relating to my child's participation in the above referenced activity.

I acknowledge and warrant that I have read and understand the foregoing and agree thereto.

Custodial Parent(s) or Guardians Name (Signature)

Date

Custodial Parent(s) or Guardians Name (Printed)

Date

Athlete(s) Name: _____ Grade Level Next Year: _____

Address: _____

Emergency Phone Number (During Camp Hours): _____

RESPECT



DISCIPLINE



COMMITMENT



WORK ETHIC



Ben Bitner
Athletic Coordinator
Email: ben.bitner@ccisd.us
Phone: 361-878-7900 ext 23070

Veterans Memorial High School Volleyball Camp

The Eagle Volleyball Coaching Staff would like to invite you to participate in our Summer Volleyball Camp! Campers will be provided basic volleyball skills, including fundamentals, and offensive and defensive systems.

DATES: Tuesday & Wednesday, July 22-23

Time: 3:00-5:00 pm

Where: Veterans Memorial High School Gym (Enter through Auditorium Doors)

Who: INCOMING 6th-8th graders

Registration: \$40

Payment can be made on the VMHS WebStore, located online at www.veterans.ccisd.us, under the "Campus" tab. Registration will also be allowed the day of the camp on the WebStore.

Online payment via the WebStore ONLY.

Point of Contact: Jenny Garcia - Jennifer.garcia2@ccisd.us

Each student will need to have online registration/payment completed and Parental Release Form (below) signed prior to participation.

*Students will need to bring their own water

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I acknowledge and warrant that I have read and understand the foregoing and agree thereto.

Athlete's Name: _____ Athlete's Contact Number _____ Grade 2025-2026: _____

Address: _____ School 2025-2026: _____

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ Emergency Contact Number: _____



Ben Bitner
Athletic Coordinator
Email: ben.bitner@ccisd.us
Phone: 361-878-7900 ext 23070

Veterans Memorial High School Wrestling Camp

The Eagle Wrestling Coaching Staff would like to invite you to participate in our 2025 Wrestling Camp! Campers will be provided basic wrestling skills, including fundamentals for all three starting positions. This will provide a great opportunity to get a head start before the start of the 2025-2026 Wrestling Season for both Boy and Girl Wrestlers!!

DATES: Saturday, June 7th 2025

Time: Session 1: 9:30am-11am, Lunch provided, Session 2: 12-1:30pm

Each session will cover different aspects of wrestling.

Where: Veterans Memorial High School Main Gym

Who: Incoming 1st -9th grade boys and girls

Registration: \$50.00 (includes camp T-shirt and lunch). Payment can be made on the VMHS Web Store, located online at www.veterans.ccisd.us, under the "Campus" tab. Registration will also be allowed the day of the camp on the WebStore only (*no T-Shirt guaranteed*).

Online payment via the WebStore ONLY.

Point of Contact: Ed Arvin dearvin@ccisd.us (361)878-7900 Ext. 23137

Each student will need to have online registration/payment completed and Parental Release Form (attached) signed prior to participation.

Students will need to bring their own water jug



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I acknowledge and warrant that I have read and understand the foregoing and agree thereto.

Athlete's Name: _____ Athlete's Contact Number _____ Grade 2025-2026: _____

Address: _____ School 2025-2026: _____

Shirt size: YM, YL, S, M, L (CIRCLE ONE)

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ Emergency Contact Number: _____



Veterans Memorial Eagles SUMMER Tennis CAMP

3750 Cimarron Blvd Corpus Christi, Texas 78411 Athletics: 361-878-7300 ext. 21640 Fax: 361-878-2348

DATES: TIMES:

Registration Deadline: June 12, 2025

Monday June 16-Thursday June 19

9:00 am – 11:00 am

WHERE: Veterans Memorial High School Tennis Courts

WHO: Campers entering grades 7th — 9th

WHAT: Tennis Skills and Drills

PRICE: \$50

Registration: Payment and Registration can be made on Veterans Memorial HS Web store: NO CASH/CHECKS will be accepted. Registration will be allowed the day of Camp (Veterans Memorial webstore)

Attire/Equipment: Racket, tennis shoes and water jug.

USE QR CODE TO REGISTER



ATHLETE'S NAME: _____ **GRADE LEVEL NEXT YEAR** _____

Parent Name: _____

Street Address: _____

Parent Phone Number (during camp hours): _____

School Name attending in 25-26: _____

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I acknowledge and warrant that I have read and understand the foregoing and agree thereto.

Please Print: _____

Camper's Name: _____ Emergency Contact: _____

Custodial Parent/Guardian's Name (Print): _____

Signature Parent/Guardian: _____ Date: _____

***** Return the completed release form to Veterans Memorial HS tennis courts. Please contact Coach Carlos Lerma (361)779-0531 or (calerma@ccisd.us)