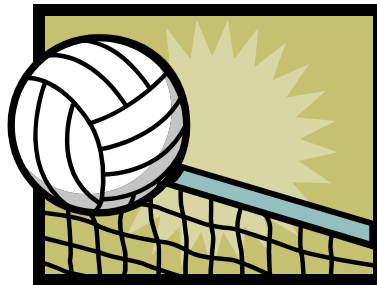


FUTURE LADY LANCER VOLLEYBALL CAMP

Grades 6 and under

(Organized and ran by SHS Lady Lancer Volleyball team)



DATE: July 12th & 13th

TIME: 9:00am – 10:30am

COST: \$20

Please make checks payable to : Syble Thompson

Name _____ Age _____

Parent Contact _____ Phone _____

Tshirt size: Youth S M L Adult S M L

I hereby authorize the staff of the 2017 SHS Volleyball Camp to act according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. My signature also indicates that medical permission has been secured to participate and I have insurance to cover any injuries or illness incurred during camp.

Insurance information

All campers must have health insurance to participate in camp.

I will be covered by my personal or family accident and illness insurance.

Parent/Guardian's Signature _____



**2018 Volleyball Camp July 9th-13th
Spearville High School Gym**

Camp Sessions

July 9th - 12th 11am – 3 pm

Grades 7 - 12

Camp Fee - \$40

Thank you for the opportunity to coach your daughter. Feel free to contact me if you have any questions.

If you received this registration, please return the bottom half of this sheet which lets us know your plans for camp and the upcoming season.

Please make checks payable to :Syble Thompson

Name _____ 2018-2019 Grade – 7 8 Fr. So. Jr. Sr.

Name of Parent/Guardian _____ Phone# (____) _____

T-shirt size **Adult Small** ___ **Adult M** ___ **Adult L** ___ **Adult XL** ___

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