

ZHS

2017 Volleyball Camp

Boys and Girls Ages 6 - 14

Fee: \$100

or \$25 non-refundable deposit with balance (\$75) due May 30

Days: May 30 – June 2

Time: 8:00am – 11:00am

Early drop-off 7a-8a/late pick-up 11a-12n is \$5 each (\$10 per day for both)

Player/Parent Information (Please print clearly)

Camper's Name: _____

Camper's Address: _____

_____ Phone _____

Parent's Name: _____ (relationship to camper) _____

Email Address: _____

Grade Entering Fall 2017: _____ Age: _____

All Campers will receive a t-shirt Size: YM YL AS AM AL AXL AXXL (please circle shirt size)

I hereby authorize the directors of this Volleyball Camp to act for me according to his/her best judgment in the event of an emergency requiring medical attention. I know of no mental or physical problem which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charge in connection with her attendance at camp. I agree to abide by the rules and regulation of the camp.

X _____ (Parent/Guardian Signature)

Please mail forms to: **Zachary High School**

4100 Bronco Lane

Zachary La 70791

attn. Volleyball

For more information or questions email: janie.tidwell@zacharyschools.org

or Cherilani.perry@zacharyschools.org

PLEASE MAKE CHECKS TO: Cash

With the player's name in the Memo