



Zachary High 2018 Volleyball Camp

Boys and Girls Ages 6 - 14

Player/Parent Information (Please print clearly)

Camper's Name: _____

Camper's Address: _____

_____ Phone _____

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

Email Address: _____

Grade Entering Fall 2018: _____ 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/his attendance at camp. I agree to abide by the rules and regulation of the camp.

X _____ (Parent/Guardian Signature)

(Please send top portion with payment)

Dates: Mon. June 11th – Thurs. June 14th *Zachary High Gym*

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

Fee: \$100 or \$25 non-refundable deposit with balance (\$75) due June 11th

Send payment to: Zachary High School

4100 Bronco Lane

Zachary, La. 70791

Attn: Cheri Perry

(make checks payable to ZHS - Volleyball)

Any questions, email: cherilani.perry@zacharyschools.org or janie.tidwell@zacharyschools.org

*****We will have snacks and drinks available for purchase*****