

# SAINT FRANCIS 5<sup>th</sup> and 6<sup>th</sup> SCHOOL VOLLEYBALL CAMP

**WHEN:** *July 20<sup>th</sup>-22<sup>th</sup> from 8:00am -9:30am*

**WHO:** *All girls in next year's grades 5<sup>th</sup> - 6<sup>th</sup>*

**WHERE:** *SEAS*

**COST:** *\$35.00 INCLUDES A CAMP T- SHIRT*

**COACH:** *MR. JEFF BENSLEY and Miss Alli Knudsen*



**SKILLS:** **PASSING** (BUMP AND OVERHEAD PASSING), **SERVING**  
**SPIKING, AND SETTING, AS WELL AS OFFENSIVE AND DEFENSIVE**  
**TEAM TECHNIQUES, AND SERVE RECEIVE PASSING.**



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## Medical Release Information

Each participant must have personal medical insurance. Any accident or illness will be treated at Munson Medical Center. I hereby authorize the Camp Director of the St. Francis Summer Sports Camps to act according to their best judgment in any emergency requiring medical attention. The undersigning acknowledgement that to the best of his/her knowledge and belief the camper has no physical disability or problem that would restrict in any way the camper's ability to participate in this program. I further release St. Francis High School from any claim relative to any pre-existing condition/ disability.

Signature of Parent / Guardian

Medical Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact Name & Phone

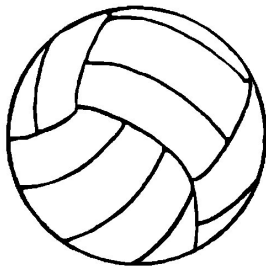
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Doctor's Name & Phone Number

\_\_\_\_\_

Please note any medical information for camp director

\_\_\_\_\_



NAME: \_\_\_\_\_

GRADE ENTERING IN THE FALL: \_\_\_\_\_

**T shirt size Youth M / L      Adult S / M / L / XL \* please circle desired T-Shirt size**

- Reserve your spot now - the **camp is limited to the first 30 girls** who get their permission slips in and paid. **TURN IN YOUR FORMS TO THE GTACS ATHLETIC OFFICE AT 123 E. 11<sup>TH</sup> STREET TRAVERSE CITY, MI 49684**
- **Make checks payable to "GTACS"**  
**NO CASH**