

# Middle School Volleyball Clinics-2015

**Who:** For all girls who will be in **grades 7-8** this fall (2015-16).

**Dates:** June 9,11,16,23,30<sup>th</sup> 9:00-10:30 (Clinics)  
July 6,7,8,9<sup>th</sup> 9:00-11:30 (Camp)

**Location:** Wahoo Elementary School Gym

**Cost:** The cost of the camp and clinics is \$50.00



**General Information:**

The clinics and camp will focus on volleyball fundamentals, competitions, and a positive experience in learning the game of volleyball.

Each camper will receive a camp T-shirt if registered by **May 20th**. If you have any questions please contact Trisha Larson at (218-9506) [tlarson@esu2.org](mailto:tlarson@esu2.org) or Benishia Siemer at (992-4169) or [bsiemer@esu2.org](mailto:bsiemer@esu2.org)

Make checks payable to **Wahoo Volleyball** and return to Wahoo Elementary School or Wahoo High School, c/o Trish Larson by May 20th. Late registrations will be accepted .

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This form must be completed in full and accompanied by a check to Wahoo Volleyball for the proper amount.

Student's Name \_\_\_\_\_

Grade (2015-16) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

\*\*\*Email (required) \_\_\_\_\_

Please circle your daughter's T-shirt size:

YM YL S M L XL XXL

Participant's release given to the Wahoo Volleyball Camp

TO: WAHOO VOLLEYBALL CAMP

This is the application of enrollment of \_\_\_\_\_ in the 2015 Wahoo Volleyball Camp. In consideration of your acceptance of the application, we agree to indemnify the Wahoo Volleyball Camp and its employees for any claim, which may hereafter be present by our child as a result of any such injuries.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_