**Eldon Lady Mustang Volleyball Camp 2021**

**June 2-4**

**Grades 9-12……………………9:00am-11:00am**

**Grades 6-8 ………………….. 2:30pm-4pm**

**High School Gym**

**$20 per participant**

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**Participant Information:**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade**: 6th 7th 8th  9th 10th 11th 12th

**Parent(s) Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of Emergency, contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shirt Size: (please circle) YS YM YL S M L XL**

I hereby authorize the coaches of the EldonVolleyball program to act for me and my camper in using their best judgment in an emergency requiring medical attention; I hereby waive and release the Eldon School District and coaches from any and all liability for injuries while at the camp.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

Please make checks payable to EHS Volleyball.

**Send your payment and this form to Coach Lyons or Coach Asbury or to the office of your building**

**(Coach Lyons will be at the 1st day of weights, May 24th)**