

2018 Lady Cat Volleyball Camp

On behalf of the Edmonson County Volleyball players and assistant coach Bridget Simon, we would like to invite you to the "2018 Lady Cat Volleyball Camp" on Saturday April 21st, 2018. If you would like to learn more about the basics of Volleyball, then we hope you will plan to attend this camp. There will be lots of fun and games and the chance to learn a little about Volleyball. Players should wear gym shorts, T-shirts, and tennis shoes.

Edmonson County High School players and coaching staff will instruct the campers in the basic fundamentals of Volleyball. Each camper will have the chance to learn the basics of Volleyball like, bumping, setting, and spiking and serving. **They will all receive a camp medallion, a certificate, and enjoy snacks during breaks.** The camp will be held at Edmonson County High School. Campers should report to the gym.

The camp will be on Saturday April 21st from 10:00 am to 2:00 pm. The cost of the camp is only \$25 for 1 child and \$20 for 2 or more.. This camp is for students in grades K-8. If you have additional questions please call Melissa Grider at 270-709-7694

Saturday April 21st, 10:00 am -2:00 pm

Cost-\$25 for 1, \$20 for 2 or more

Make checks payable to: ECHS Volleyball

**CHECKS CAN BE MAILED TO THE ADDRESS BELOW
OR WALK IN REGISTRATIONS ARE AVAILALABLE THAT MORNING**

Mail application to: Melissa Grider 1095 Oak Grove Church Rd Brownsville KY 42210

Name _____

Grade (2017-2018) _____

Parent's Name _____

Mailing Address _____

Transportation Home (Check One)

Ride w/Parent _____

Home Phone _____

Ride w/Friend _____

Phone and name to call in case of injury during camp

Name _____

Phone _____

I hereby grant permission to the Edmonson County Volleyball Camp to have my daughter treated by a physician, if necessary, during camp. She is physically fit according to our family physician. I understand it is my responsibility to have insurance that covers my child in case of an accident during the camp and that the camp will not be held liable for any accident that occurs.

Physician's Name _____

Parent's Signature _____ Date _____

