

# 2019 LADY CAT VOLLEYBALL CAMP

On behalf of the Edmonson County Volleyball players and head coach Bridgett Poteet. We would like to invite you to the "2019 Lady Cat Volleyball Camp" on Saturday May 18th, 2019. 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 Middle School. Campers should report to the gym.

The camp will be on Saturday May 18th from 9:00 am to 12:00 pm. The cost of the camp is only \$25. This camp is for students entering grades K-8 during the 2019-2020 school year. If you have additional questions please call Melanie Pierce at 270-597-6146.

**Saturday May 18th, 9:00 am -12:00 pm**

**Cost-\$25 –1 child    \$40—1 child + Sibling**

**Make checks payable to:    ECHS Volleyball**

**CHECKS CAN BE MAILED TO THE ADDRESS BELOW, DROPPED OFF AT THE ECMS, KYROCK WITH DANA LINDSEY OR WALK IN REGISTRATIONS WILL BE AVAILALABLE THAT MORNING**

Mail application to: Melanie Pierce-- 563 Key Cemetery Road Bee Spring, KY 42207

Name \_\_\_\_\_

Grade (2019-2020)\_\_\_\_\_

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 \_\_\_\_\_

