

# 2016 LADY CAT VOLLEYBALL CAMP

On behalf of the Edmonson County Volleyball players and head coach Haley Garmon. We would like to invite you to the "2016 Lady Cat Volleyball Camp" on Saturday, June 18<sup>th</sup>, 2016. 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. Campers 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, spiking and serving. **They will all receive a camp medallion, a certificate, and enjoy a pizza lunch.** The camp will be held at Edmonson County High School.

Campers should report to the gym on Saturday, June 18<sup>th</sup> from 9:00 a.m. to 2:00 p.m. The cost of the camp is only \$25. This camp is for students going into grades K-8 during the 2016-2017 school year. If you have additional questions please call Tanya Vincent at 270-784-1310

**Saturday June 18<sup>th</sup>, 9:00- 2:00**

**Cost-\$25**

**Make checks payable to:    **ECHS Volleyball****

**THIS APPLICATION MUST BE RETURNED BY FRIDAY JUNE 10th, 2016**

**WE DO ACCEPT WALKUPS ON SATURDAY IF NEEDED**

Mail application to:

Tanya Vincent  
45 Gateway Ct. .  
Smiths Grove, KY 42171

Name \_\_\_\_\_

Grade (Current) \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

**Transportation Home (Check One)**

Ride w/Parent \_\_\_\_\_

Home Phone \_\_\_\_\_

Ride w/Friend \_\_\_\_\_

If friend, who? \_\_\_\_\_

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 \_\_\_\_\_

