



# **VOLLEYBALL SUMMER CAMP**

## **JULY 10-12**

**Ages: 7-14      Cost: \$40**

**Location: DHS High School**

**Time: 10:00 a.m. – 12:00 p.m.**

**Contact Information: Coach Nelson [bethannebarry@yahoo.com](mailto:bethannebarry@yahoo.com)**

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Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

I approve of my child's attendance and participation at the 2017 Panther Camp and certify that my child is in good health and is able to participate in the program's activities.

I am \_\_\_\_\_ / I am not \_\_\_\_\_ (check one) attaching a note explaining special limitations and or required medications, if any.

I further release the Delta Volleyball Coaching Staff, from all claims arising from any injuries or accidents which may be sustained during participation in camp.

\_\_\_\_\_  
Player/Guardian

\_\_\_\_\_  
Date