

Beginner Volleyball Camp

Rising 5th - 7th Graders

June 3rd - 6th

3:00 - 6:00pm

\$80/player

learn the basic rules and skills needed to play volleyball

Competitive Volleyball Camp

July 22nd - 25th

6:30 - 8:00 pm

Rising 6th - 12th Graders

\$100/player

a chance to further develop volleyball skills for players interested in playing competitive volleyball

Please make checks payable to: Jessica Brock

Questions? Email- jessicabrock@iwacademy.com

T-Shirt Size: YL _____ YXL _____ AS _____ AM _____ AL _____

Registration Information: (Please print clearly.)

Name: _____

Address: _____ Age: _____

School Attending: _____ Grade: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian: _____

Medical Release form:

Camper Name: _____

Parent or guardian signature: _____

Past Health Problems: _____ Past/Present Injuries: _____

Present Health Problems: _____ Current Medications: _____

Allergies: _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the SUMMER IWA SPORTS CAMP. I hereby authorize the Directors of the SUMMER IWA SPORTS CAMP to act accordingly for me to their best judgment in any emergency requiring medical attention. I hereby waive and release the SUMMER IWA SPORTS CAMP and Isle of Wight Academy from any and all liability from any injuries while at the SUMMER IWA SPORTS CAMP.

Parent/Guardian Signature: _____ Date: _____

IN CASE OF AN EMERGENCY, IF PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____ PHONE: _____