

Dear Volleyball Player,

As the camp season rapidly approaches, I invite you to attend the Midland High Volleyball camp. Our goal is to provide an environment for individual's to develop basic skill. We stress knowledge and execution of fundamentals.

In order to be guaranteed a spot and to have an accurate count for t-shirt order, it is recommended you pre-register. To pre-register, you may fill out the below form and mail it to me or bring it by Midland High School. The school address is: 906 West Illinois, Midland, Texas 79701. **Payment is cash or money order (made out to: Terri McColloch). No personal checks please.** If you have any questions you may contact me at 689-1133 or tmccollo@esc18.net.



## Midland High Volleyball Camp

June 8 – 11, 2009

*Location: First Presbyterian Church*

*Incoming 4<sup>th</sup> – 6<sup>th</sup> graders: 8:00 – 9:30 / \$55.00*

*Incoming 7<sup>th</sup> graders: 9:30 – 11:30 / \$70.00*

*Incoming 8<sup>th</sup> graders: 12:30 – 2:30 / \$70.00*

*Incoming 9<sup>th</sup> graders: 2:30 – 4:30 / 70.00*



**KEEP THE ABOVE SECTION FOR YOUR RECORDS & RETURN THE BELOW SECTION**

Athlete's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone number in case of emergency: \_\_\_\_\_

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

School attending next year: \_\_\_\_\_ Grade entering next year: \_\_\_\_\_

**\*\* Receipt will be sent by e-mail\*\***

***Circle the session attending***

Session 1	8:00 – 9:30	Incoming 4 <sup>th</sup> – 6 <sup>th</sup> Graders	(\$55.00)
Session 2	9:30 – 11:30	Incoming 7 <sup>th</sup> Graders	(\$70.00)
Session 3	12:30 – 2:30	Incoming 8 <sup>th</sup> Graders	(\$70.00)
Session 4	2:30 – 4:30	Incoming 9 <sup>th</sup> Graders	(\$70.00)

As custodial parent or court-appointed guardian of \_\_\_\_\_, I release the Midland High Volleyball Camp and any of its coaches from all claims arising out of or connected with child's participation in the camp. I provide this release because I am mindful that athletics, physical training and competition can be a dangerous undertaking regardless of how careful or prudent any person, firm, or facility might be. Further, I give permission to treat my child or arrange for medical care or treatment for child in any situation deemed reasonably necessary.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_