



Lady Lancer Volleyball Camp



Instructed by: SE Head Volleyball Coach Maya White and Coaching Staff
Current Southeast High school players
For more information call Maya White @457-8415

<u>2nd thru 5th grade*</u> 3 DAY CAMP \$20 CAMP FEE June 8 th -10 th 1 pm to 3 pm @ Southeast High School Gym (*Grades are for the 2015-2016 school year)	<u>JR HIGH SCHOOL (Grades 6th thru 8th)*</u> 4 DAY CAMP \$30 CAMP FEE June 8 nd - June 11 th 9 am to Noon @ Southeast High School Gym (*Grades are for the 2015-2016 school year)
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-----Return by May 14th to your schools office-----
*Make checks payable to Southeast High School

PLAYERS T-SHIRT SIZE S M L XL (CIRCLE ONE) Adult or Youth (circle one)

PLAYER NAME _____ Grade _____

PARENTS NAMES _____

HOME PHONE NUMBER _____

EMERGENCY PHONE NUMBER & CONTACT _____

Authorization for Participation and Liability Release:

I hereby grant permission for my child, _____ to participate in the Southeast Girls Volleyball Camp. My child has not suffered any illnesses in the past that would make participation in the camp a risk. I further agree to release from any liability, the Volleyball Camp, its staff, Southeast High School and Unified School District #247 for any injury or illness suffered by my child while attending or traveling to or from this camp. I further authorize the staff of the Volleyball Camp to act for me in case of any medical emergency because of injury or illness to my child. I acknowledge that I am aware the participation in this camp will require physical activities of a nature which could result in injury to participants notwithstanding the absence of fault on the part of the camp, its staff, SE High School and Unified School District #247. The camp staff has explained to me the particular activities to my satisfaction and I am hereby authorizing my child to participate in these activities.

List any health conditions or concerns: _____

Parent/Guardian Signature: _____ Date: _____