

St. Joseph Volleyball Summer Camp 2018

JUNE 11-15 (Monday-Friday)

Cost: \$40



Check which session you would like to register for: (choose grade entering in the Fall)

_____ High School: 9th Grade through 12th Grade: 8:00-10:00 a.m.

_____ Elementary: Kindergarten through 5th grade Camp: 10:15-11:15a.m.

_____ Middle School: 6th, 7th, 8th Grade Camp: 11:30-1:00p.m.

Athlete's Name _____

Grade Next Fall: _____ School: _____

Phone: _____ Emergency Contact: _____

*I hereby give my student permission to take part in the SJHS Summer 2018 Volleyball Camp. I will not hold the sponsor of the Camp nor St. Joseph Public Schools liable for any injury that might occur and have adequate hospitalization insurance to cover such injuries. I will be responsible for any injuries and medical emergency that may occur to my child at this camp.

Parent/Guardian Signature: _____

T-Shirt Size:

- Youth Medium Youth Large
 Adult Small Adult Medium
 Adult Large Adult X-Large

Please pre-register by **May 30th** to ensure getting a T-shirt. Please return your registration form and make check payable to: **ST JOSEPH PUBLIC SCHOOLS** mail to:

HEATHER BRINEY-KELM, VARISTY VOLLEYBALL COACH

ST. JOSEPH HIGH SCHOOL 2521 STADIUM DRIVE ST. JOSEPH, MI 49085