# ED-CO ELEMENTARY VOLLEYBALL CAMP

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**3rd- 5th (entering)**

Tues Wed August 6th & 7th

9:00-11:00 a.m.

Cost = $20

Send bottom section and money to: Eileen Bergan Box 291 Edgewood, Iowa 52042 or Ed-Co High School

Checks made payable to: Ed-Co Volleyball

Questions? 563-920-0246

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ED-CO VOLLEYBALL CAMP REGISTRATION – COST $20

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering: 3rd 4th 5th

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request that you accept the registration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Ed-Co Volleyball Camp during the dates set forth in this registration form, and in consideration of your acceptance of the registration, I hereby release the Edgewood-Colesburg School District and all it’s employees connected with the camp from all claims on account of any injuries which may be sustained by my child while in attendance; and I agree to indemnify the Edgewood-Colesburg School District and all its employees connected with the camp for any claim which may hereafter be presented by our child as a result of any such injuries.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_