# ED-CO HIGH SCHOOL VOLLEYBALL CAMPS



9th -12th Grade

July

22nd , 23rd, 24th 7-9:30 AM

5-7 PM Edgewood Gymnasium

Cost=$20

(each camper will receive the pink night shirt as part of their registration )

**I would like all girls going out for High School ball to attend. Players-please talk to Mrs. Bergan concerning conflicts or other concerns-fee etc. Some is better than none!**

Send form to Eileen Bergan PO Box 291 Edgewood, IA or bring form and money to first day of camp.

Checks made payable to: Ed-Co Volleyball

Questions? 563-920-0246 cell

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ED-CO VOLLEYBALL CAMP REGISTRATION

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: 9th 10th 11th 12th

Shirt Size: AXS AS AM AL AXL

Student or Parent Cell 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 its 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 \_\_\_\_\_\_\_\_