# ED-CO 6th and JUNIOR HIGH VOLLEYBALL CAMP

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**6th 7th 8th (entering)**

Fri. August 16th 3-5 p.m.

Sat. August 17th 8-10 a.m.

Edgewood Gymnasium

Cost = $20

Send bottom section and money to: Eileen Bergan Box 291 Edgewood, Iowa 52042 or drop at Mrs. Bergan’s house 104 S. Locust

(If there is schedule issue, you can attend just one day of camp $10-one is better than none. All girls are encouraged to attend)

2-day camp payment will include a pink night t-shirt-delivered after start of school.

Checks made payable to: Ed-Co Volleyball

Questions? 563-920-0246 cell.

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ED-CO VOLLEYBALL CAMP REGISTRATION-COST $20

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering: 6th 7th 8th

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

T-shirt Size \_\_\_\_\_AXS \_\_\_\_\_AS \_\_\_\_\_AM \_\_\_\_\_AL \_\_\_\_\_AXL \_\_\_\_\_AXXL

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 \_\_\_\_\_\_\_\_