



**Portland St. Patrick's
Summer Volleyball Camp**



Inviting Girls entering grades 6th through 8th for the 2018-19 school year.

The High School Volleyball Coaches and the varsity volleyball players will be providing a skills camp.

The cost of the camp is **\$25.00** which includes camp T-shirt, 6 hours of volleyball instruction and a snack each day.

Camp will be held at the St. Patrick School Gymnasium.

Dates: Monday, June 11th – Tuesday, June 12th

Times: 3:00 p.m. – 6:00 p.m.

Please return this form to the school office by Monday, June 4th.

Checks Payable to: **St. Patrick School**

Child's Name _____ **Grade (18-19 school year)** _____

Address _____ **Phone** _____

Parent's Name _____

Emergency Contact _____ **Phone** _____

Shirt size: Youth Large _____ Small _____ Medium _____ Large _____

I give permission for my child, _____ to participate in the event described above. In consideration of my child being allowed to participate in this event, I agree to waive and release and indemnify and hold harmless St. Patrick School and all affiliated organizations, its employees, agent representative, volunteers, and drivers for any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event. I authorize St. Patrick's School to obtain necessary medical treatment for my child in case of illness, injury, or accident.

Please list any allergies, medications, etc. _____

Parent Signature _____ Date _____

Person picking up child if not a parent _____