



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



**Inviting Girls entering grades 6<sup>th</sup> through 8<sup>th</sup> 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 11<sup>th</sup> – Tuesday, June 12<sup>th</sup>

**Times:** 3:00 p.m. – 6:00 p.m.

Please return this form to the school office by Monday, June 4<sup>th</sup>.

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 \_\_\_\_\_