



# Lady Lancer 2<sup>nd</sup>-8<sup>th</sup> grade Volleyball Camp



Instructed by:  
SE Head Volleyball Coach Maya White and Coaching Staff  
For more information call Maya White @913-416-9077

Circle which camp your child will attend. Junior or 2<sup>nd</sup>-6<sup>th</sup> grade Camp

<p><b><u>Junior High Team Camp grades 7-8</u></b> 2 DAY (4 session) CAMP \$20 CAMP FEE June 5-6<sup>th</sup> 10am- 3pm @ Southeast High School Gym</p>	<p><b><u>Tentative schedule</u></b> (same both days) 10 -12:00 am- Training 12:00 -1:00 pm- lunch 1:00-3 pm- Training <i>*Bring sack lunch, water and knee pads both days.</i></p>
<p><b><u>2<sup>nd</sup> -6<sup>th</sup> grade Camp</u></b> 2 DAY (2 session) CAMP \$15 CAMP FEE June 5-6<sup>th</sup> 10am- 12:00pm @ Southeast High School Gym <i>water and *knee pads( if you have them) both days. *Kneepads are not needed for this age.</i></p>	

--Please Make checks payable to Southeast High school-

PLAYERS T-SHIRT SIZE S M L XL (CIRCLE ONE) Adult or Youth (circle one)

PLAYER NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENTS NAMES \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

EMERGENCY PHONE NUMBER & CONTACT \_\_\_\_\_

**Authorization for Participation and Liability Release:**

I hereby grant permission for my child, \_\_\_\_\_ to participate in the Southeast Girls Volleyball Camp. My child has not suffered any illnesses in the past that would make participation in the camp a risk. I further agree to release from any liability, the Volleyball Camp, its staff, Southeast High School and Unified School District #247 for any injury or illness suffered by my child while attending or traveling to or from this camp. I further authorize the staff of the Volleyball Camp to act for me in case of any medical emergency because of injury or illness to my child. I acknowledge that I am aware the participation in this camp will require physical activities of a nature which could result in injury to participants notwithstanding the absence of fault on the part of the camp, its staff, SE High School and Unified School District #247. The camp staff has explained to me the particular activities to my satisfaction and I am hereby authorizing my child to participate in these activities.

List any health conditions or concerns: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_