

# YOUTH VOLLEYBALL SKILLS CAMPS



These volleyball camps will focus on the introduction and refinement of volleyball skills through many creative methods such as individual, partner and small group games. Players will learn the fundamentals of volleyball while experiencing team cooperation in a positive environment. Camps will be led by West Salem High School coaches Becki Murphy and Jamie Holst, with the assistance of high school volleyball athletes.

## DATES / TIMES / LOCATION:

Grades 1/2: March 2, 9, 16, 23 from Noon-1pm @ WSHS Gym

Grades 3/4: March 2, 9, 16, 23 from 1-2:30pm @ WSHS Gym

Grades 5/6: March 2, 9, 16, 23 from 2:30pm-4pm @ WSHS Gym

\*Dates/Times/Locations subject to change based on gym availability\*

## FEES:

Grades 1 & 2: \$25 Village Res. / \$30 School Dist. / \$35 Out of District

Grades 3 - 6: \$30 Village Res. / \$35 School Dist. / \$40 Out of District

**REGISTRATION MAX: 50 ATHLETES PER CAMP DIVISION**

**PLEASE REGISTER EARLY:** All registrations requested by February 24

## REGISTRATION OPTIONS:

Register online at [westsalemwi.com/park-recreation/](http://westsalemwi.com/park-recreation/) or complete the form below and mail with payment to WS Rec, 175 S. Leonard Street, West Salem

PARTICIPANT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_ SEX: \_\_\_\_\_

PARTICIPANT RESIDES WITH WHOM: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FEE INCLUDED: GRADES 1-2: \$25 / \$30 / \$35 GRADES 3-4 & 5-6: \$30 / \$35 / \$40

MEDICAL CONCERNS/LIMITATIONS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ CELL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ CELL: \_\_\_\_\_

### WAIVER OF LIABILITY AND DISCLAIMER

I the undersigned parent / guardian of the above named individual hereby give him/her permission to participate in the above marked activities, exclude the sponsoring agency and all volunteer workers from liability in the event of an accident or injury from participation under normal circumstances.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_