

**FREEMAN HIGH SCHOOL**

# **VOLLEYBALL CAMP**

T-shirt size ***circle one***: (Youth) S M L XL (Adult) S M L XL

Name:

Grade:

Phone:

Address:

Emergency Contact:

Phone:

Email:

**When: June 4th and June 5th—3-5pm**

**Where: Freeman Middle School**

**Cost: \$30 per person (T-shirt included)**

**Ages: Currently in 6th-12th Grade**

**Make checks payable to Freeman High School**

**Register by May 23rd to guarantee t-shirt**

**MEDICAL RELEASE:**

I understand that this activity is voluntary and my child's participation is not mandatory. In case of emergency, the supervisor on site has my permission to obtain medical treatment for my student. I

understand the Freeman School District does not purchase or have medical/dental/hospitalization insurance to cover any injury while participating at this event.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*NO ACTIVITY BUS THIS WEEK\*\*\***

Email Coach Kaela at [kaela.straw@gmail.com](mailto:kaela.straw@gmail.com) with any questions!