



St. Charles Volleyball Camps 2 18

Jump into the action! We're serving up 4 days of unforgettable volleyball fun. The St. Charles Volleyball Camps will focus on the basic fundamentals of the game for the beginner, as well as some advanced tips and drills for the more experienced player. Both individual and team concepts will be introduced. Through daily drills and game situations we will give the players a better understanding of the game.

So set your goals high and don't let this opportunity pass you by.

If you have any questions, please contact Mr. Carpenter at 612-787-1145 (or e-mail tcarpenter@stchbs.org). Thank you and have a great summer!

When: Monday, June 18 – Thursday, June 21, 2018

Who: Boys & Girls entering 3rd – 9th Grades in the fall

**Time: 8:00-10:00 a.m. (6th – 9th graders - fall of 2018)
10:00 a.m.-12:00 p.m. (3rd- 5th graders - fall of 2018)**

Where: St. Charles Gymnasium --2727 Stinson Blvd. N.E. St. Anthony, MN

What to bring: Athletic shoes, shorts, t-shirt, knee pads, and willingness to work hard, learn new things, and have fun!

Cost: \$50.00 per athlete (includes camp T-shirt)(Please make checks payable to St. Charles Athletic Dept.)

Please fill out the application below and return it to St. Charles by Friday, May 4th to ensure camp t-shirt!
(Please keep the top portion for your records. Thank you.)

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FAMILY INFORMATION

Student/Participant _____ Grade (fall 2018) _____

Parent/Guardian Name _____

Address _____

Best Phone # to Reach You During Camp: _____ e-mail _____

I, _____, grant permission for my child, _____,

Parent or Guardian's Name

Student/Participant's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact _____ Relationship _____ Phone _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE _____ DATE _____

I understand the conditions for team play and am willing to abide by these conditions.

Signature of Student Athlete: _____

Please return this form and the \$50 fee to Mr. Carpenter before May 4th to ensure t-shirt!



T-Shirt Size: ___YM ___YL ___AS ___AM ___AL ___AXL