



HOLY TRINITY

2018 SUMMER

VOLLEYBALL CAMP

DATES: May 29 - June 1 (Tues.-Fri.)

Sessions are open for students entering the 2nd thru 8th Grades
Camp is coached by Pam Luby

GRADES 2nd - 4th: 9:30 AM-11:30 AM

GRADES 5th - 8th: 11:30 AM-1:30 PM

COST:

\$60 per participant

Please make checks payable to Pam Luby

Registration Due: May 23rd

HOLY TRINITY 2017 SUMMER VOLLEYBALL CAMP

NAME: _____ GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____

PHONE: _____ T-Shirt Size: (YS, YM, YL, S, M, L)

WAIVER: I give permission for _____ to participate in the 2018 Volleyball Camp at Holy Trinity Catholic School. I understand that I must provide insurance coverage for my participant and acknowledge that camp instructors, Holy Trinity Catholic School and the Archdiocese of Kansas City in Kansas shall be held harmless in the event of injury or loss of equipment related to this camp.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Participant: _____