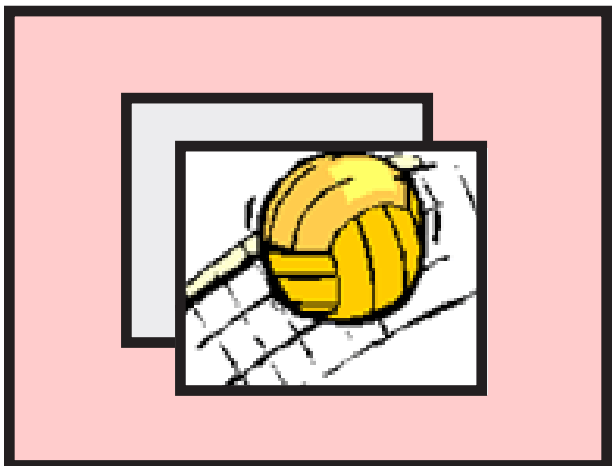


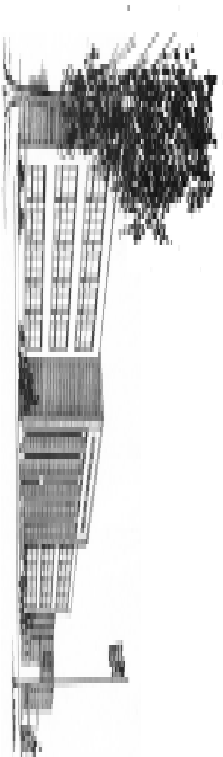
Lady Cats



Volleyball Camp

June 26-28, 2017

Christy Gillett
Salem Community High School
1200 North Broadway
Salem IL, 62881



Parent Release Form

We _____ hereby consent to the participation of _____ in the summer volleyball program conducted by Christy Gillett and her staff. We hereby release Christy Gillett and staff from any and all liability arising from participation. We agree to accept all responsibility for any accident or injury incurred by our daughter while engaged in these activities.

Dated this _____ day of _____ 2017

Participant

Parent/Guardian

Dear Campers and Parents

This summer we hope you will join us for one of our Salem Lady Wildcats Volleyball Camps.

The Salem Lady Wildcats Volleyball Camps are an excellent opportunity for 4th through 9th grade girls who desire to learn and improve their knowledge and skills in volleyball.

We are excited to offer this one-of-a-kind opportunity. We look forward to seeing you at camp this summer!

Christy Gillett

Head Volleyball Coach



For More Information Write or Call

Salem Lady Cats Volleyball Camps
1200 North Broadway
Salem, IL 62881

(618) 548-0727 (SCHS)
(618) 315-8847 (Cell)

Camp Facts



Dates:
June 26-28
Camp & Setter Clinic

Times:
4th - 7th grades 8:30 -10:30 a.m.
8th - 9th grades 10:45 -12:45 p.m.
Setters 1:00-2:30 p.m.
(setters can bring lunch)

Location: (note this change!)
Franklin Park Middle School

Cost:
\$45.00 for the camp
\$25.00 for the Setters Clinic*
* If attending regular camp

Make checks payable to
Salem Community High School

What to Bring:
Gym shoes, water bottle, knee pads, and towel

Enrollment:
Detach, complete both sides, and mail form with check to

Attn: Christy Gillett
Salem Community High School
1200 N. Broadway
Salem, IL 62881

Camp Features:

- Emphasis on fundamental skills
- Drill progressions on all skills
- Individual help sessions
- 3-on-3 competition

Camps Registration Form

____ Incoming 4th, 5th, 6th, 7th
____ Incoming 8th, 9th
____ Setters Clinic

\$10.00 Discount for 2 or more from same family

Camper's Name: _____

Date of Birth: _____

Parent's Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Family Physician: _____

Physician Phone: _____

Grade Just Completed: _____

Grade School Attended: _____

T-Shirt Size (choose one)

Adult S M L XL

Youth S M L