



Elk Rapids Girls Volleyball Camp August 25th – 27th Elk Rapids High School Gym

The Elk Rapids High School Girls Volleyball program is holding a “Middle School Girls” volleyball camp. Join, learn, and enhance your volleyball skills taught by the **Elk Rapids High School Girls Volleyball Teams**, and the **Elk Rapids Girls High School Volleyball Coaches**. The camp is geared toward the beginner / intermediate volleyball player who has participated or plans to participate in volleyball during the 2010-2011 school year. There will be 3 sessions of training by experienced volleyball coaches and/ high school players.

Camp instruction session for grades entering:
6th/7th Grade 9:30 am – 11:30 pm.
8th Grade 12:30 pm – 2:30 pm.

The cost is \$40.00 per participant, which includes a Volleyball Camp T-Shirt. Please complete the registration form below, and medical release, and forward to the addresses below with a check enclosed made payable to Elk Rapids Girls Volleyball by July 26, 2010. Please try to register before July 26 so that Camp T-Shirts can be ordered (Additional forms may be picked up at the High School Office or at www.erschools.com).

Shawn Barrera-Leaf
6466 Cook Rd
Williamsburg, MI 49690

Questions? Please call Shawn Barrera-Leaf @ 231.499.5027 or email sbleaf@aol.com
Thank You!

Player's Name: _____ Phone _____

Street Address: _____ City _____ Zip _____

Grade Entering: _____ T-Shirt Size: _____

ELK RAPIDS VOLLEYBALL

Medical Release Form

Player's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip Code: _____

Phone #: _____ Parent's Cell Number : _____

Parent's / Guardian's Name: _____

Address (if different from above): _____ City: _____ Zip Code: _____

Employer: _____ Employer Phone: _____

INSURANCE

Full Name of Insurance Carrier: _____

Name of Provider: _____

Group Number: _____ Plan Code: _____

Insurance Company Phone Number: _____

AUTHORIZATION FOR TREATMENT

Additional phone numbers to contact in case of emergency:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I give permission for my child to be transported in case of a medical emergency. As the parent or guardian, I accept responsibility for payment of care.

Parent: _____