

Timberwolves Volleyball Camp 2010

June 21- June 25: Girls Grades 3-6 (June 25th ends at Noon) _____
August 2- 6: Girls Grades 6-9 (August 6th ends at Noon) _____

Time: 9:00 a.m. until 4:00 p.m.

Cost: \$160 includes Lunch and Camp Shirt.

Please make checks payable to Timberwolves Volleyball Camp

Purpose: Timberwolves Volleyball camps are set up to provide the Tallahassee Area volleyball community with a positive and professional instructional environment to develop the volleyball skill level of each participant.

Where: Lawton Chiles High School gymnasium.

Limited Space: Camp is limited to 50 participants on a first-come, first-serve basis.

What to Wear: Please wear athletic shorts, t-shirt, kneepads, and volleyball shoes or cross trainers.

Camper's Name: _____ Age: _____ D.O.B. _____

Shirt Size: (circle one) YL S M L XL XXL

10-11 School: _____ 10-11 Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail: _____

Parents Name(s): _____ Work Phone: _____

Insurance Company: _____ Policy Number: _____

MEDICAL RELEASE

I do hereby give consent for personnel and agents of the Timberwolves volleyball Camp to call for, administer and/or obtain medical attention for my child in an emergency. I also hereby release personnel and agents of the Timberwolves Volleyball camp/Lawton Chiles High School from any liability and/or damages as a result of participation in the camp. I also waive all rights of Entitlement concerning such loss.

Parent Signature: _____

Emergency Contact: _____ Phone Number: _____

Camper's Physician: _____ Phone Number: _____

Please mail registration form and payment to:

Timberwolves Volleyball Camp

C/o Kaitlin DiLuzio

7200 Lawton Chiles Lane

Tallahassee, FL 32312

E-Mail: diluziok@leonschools.net

No Refunds after May 10th