



**2017 ECHS Lady Indians
Middle School Volleyball Camp Registration
June 13 – 14, 2017
6pm – 9pm
Upcoming 5th – 8th Grades**

This Basic Skills Camp is designed to teach the fundamentals of volleyball to a beginning level player. Upcoming 5th through 8th grade boys and girls are encouraged to participate in this camp to build a foundation of volleyball skills. Offensive skills such as serving, setting, and attacking, as well as defensive skills such as passing and digging will be covered. Most importantly, the campers will have a great time acquiring new skills and refining existing ones while making new friends. The ECHS Volleyball Coaching Staff and current ECHS Volleyball Players will lead the 2017 ECHS Volleyball Camp. Camp will be held at the East Coweta High School Throter Gym. Each camper will receive an ECHS Camp shirt.

Volleyball Camp Registration

Camper Name _____ Age _____ 2017-18 Grade _____

Address _____ City/State _____ Zip _____

Shirt Size: (PLEASE CIRCLE) XS S M L XL

Parent/Guardian Name _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

***Make checks payable to ECHS Volleyball Booster Club. Please return this form with payment to:
EC VOLLEYBALL Booster Club, PO Box 473, Sharpsburg, GA 30277***

\$75 Registration / **Early Registration \$65 if payment is made by June 1.**

Registration will be accepted until camp begins. There will be a \$25 fee for all returned checks.

Participation Agreement

With any sport there is the potential for injuries, both minor and serious. The coaching staff will be teaching proper mechanics and rules of volleyball to decrease the possibility of injury. We will execute the heat procedures as provided by GHSAA and CCSS.

We have read the information concerning the risk of volleyball camp. We understand and assume all risks associate with volleyball camp as well. We further hold East Coweta Coaches and Staff harmless in any and all liability actions, claims or additional legal actions in connection with the participation in the 2017 East Coweta High School Volleyball Camp. In addition, we give permission for Emergency Medical Treatment in the event I cannot be reached.

Parent Signature: _____ Contact #: _____

Insurance Carrier and Policy Number:
