



## Arrow Volleyball Camp 2023

June 12<sup>th</sup>, June 13<sup>th</sup>, June 14<sup>nd</sup>

<u>Entering Grades:</u>	<u>Time:</u>	<u>Cost:</u>	<u>Location:</u>
3rd - 4th	4:30 - 5:30 pm	\$30	High School Arena/Auxiliary
5th - 6th	5:30 - 6:30 pm	\$30	High School Arena/Auxiliary
7th - 8th	6:30 - 7:30 pm	\$30	High School Arena/Auxiliary

**\*\*Each camper will be given a t-shirt\*\***

\*Please note that basketball camp will run opposite times of volleyball camp, also at the High School.\*

Send bottom portion and payment by June 6<sup>th</sup> to:

- Rosemary Bellum
- 511 16th St. NE, Watertown, SD 57201
  - make checks payable to - Watertown High School
- Or drop off at Watertown High School Athletic Office

If any questions, please call or email:

- WHS @ 882-6316 -- OR -- rosemary.bellum@k12.sd.us

------(Detach bottom portion and mail in with payment)-----

### **ARROW VOLLEYBALL CAMP 2023**

Participant Name: \_\_\_\_\_ Grade in Fall of 2023: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Shirt Size: (YS/YM/YL/XS/S/M/L)

I hereby authorize the directors of the Arrow Volleyball Camp to act according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Arrow Volleyball camp and its employees from any and all liability for any injuries at this camp. I also certify that my daughter is medically fit to participate in this camp and all medical bills incurred by my daughter, while attending the volleyball camp, will be the responsibility of my insurance plan or myself:

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_