



# Charlestown Pirates "Start of Summer" 2019 Volleyball Camp

The Charlestown High School Volleyball Program would like to invite boys and girls currently in grades K-8 to attend a summer volleyball camp. The purpose of the camp is to teach the fundamentals of volleyball including passing, setting, hitting and serving, as well as, the basics of team play.

**When:** May 28, 29, 30

**Where:** Charlestown High School Gym

**Who:** boys and girls in current grades K-8

**Time:** 6:00 p.m.-7:30 p.m. (boys and girls current grades K-4)

7:00 p.m.-8:30 p.m. (boys and girls current grades 5-8)

**Cost:** \$30

All pre-registered players will receive a T-shirt. Same day registrations will receive a T-shirt until they run out.

Send bottom portion and payment to Tammy Nuxoll, 8613 Eagle Trail, Charlestown, IN 47111 Make checks payable to Pirate Pride-Volleyball. Email questions to [tnuxoll@gccschools.com](mailto:tnuxoll@gccschools.com).



**Player Name:** \_\_\_\_\_ **Entering Grade:** \_\_\_\_\_

**T-Shirt Size:** YM    YL    S    M    L    XL

**Parents' Names:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact Name (during camp):** \_\_\_\_\_ **Phone # :** \_\_\_\_\_

I approve of my child's participation in the CHS volleyball camp, and certify that he/she is in good health and able to participate in all camp activities. I hereby voluntarily assume all risk of accident or injury to my child, which may arise out of his/her participation in this program, completely releasing Charlestown High School and all personnel associated with this program from any liability that may result from his/her participation. If medical attention is required for illness or injury while attending camp, I give permission for such care.

**Signature:** Parent or Guardian: \_\_\_\_\_

