HHS Summer Volleyball Camp Freshmen through Seniors

Who:	All girls entering grades 9 – 12 (Freshmen – Seniors)						
When:	May 31 st – July 20 th (please refer to calendar for specific dates)						
Times:	8:00 to 11:00 a.m. (please refer to calendar for specific times)						
Where:	Highland High School and Middle School Gymnasiums						
Cost:	\$100.00 including a camp T-shirt						
	Please make checks payable to HHS Volleyball .						
	No refunds will be made available, and the entire camp must be paid ir full to attend.						
Purpose:	1. to review the fundamental skills of volleyball passing, setting, serving, blocking, and hitting						
	2. to learn HHS's team offensive and defensive patterns						
	3. to learn teamwork and good sportsmanship						
Registration	: 1. Fill out completely the attached registration form.						
	2. Either turn the attached form in, along with payment, to Coach Hubbard at Highland Middle School or mail it to Coach Hubbard at 400 Broadway, Highland, Illinois 62249.						
	3. Please have the attached form and payment turned in by Friday, May 5th .						
Questions:	If you have any questions with regard to the high school summer camp, please feel free to contact Coach Hubbard via e-mail at dhubbard@highlandcusd5.org.						



HHS Summer Volleyball Camp

Student / Athlete							
Name:							Grade Entering:
Address:							
Home Phone Number:							
Cell Phone Number:							
T-shirt Size:	Adult	⇒	S	Μ	L	XL	(circle one)
Parent(s) / Guardian(s)							
Name(s):							
Daytime Phone Number(s):	:						
						-	
E-mail Address(es):							
Emergency Contact							
Name:							
Phone Number:	Relationship:						
	the HH	S Sur	nmer	Volleyba	all Car	np at	named minor child attending Highland Middle School, I st the camp staff to provide a

We will post camp pictures online at <u>http://hhsvolleyballcamps.weebly.com</u> -- no names will be listed. If you do not want your child on our website, please leave a note on the registration form.

Parent/Guardian Signature: _____ Date: _____

unless it is a life-threatening situation.

preliminary evaluation of an illness and/or any potentially serious injuries to my child . . . if the situation presents itself. I understand that no further treatment will be provided without contacting me . . .