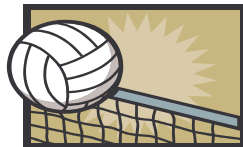


# Lady Eagle Volleyball

## 5th Annual Youth Camp



**Where?** High School Gymnasium  
**When?** May 26-29, Tuesday through Friday  
**Who?** Girls and boys entering grades 4 through 8  
**Time?** 3:00-5:00 *Entering 7<sup>th</sup> & 8<sup>th</sup> grade*

3:30-5:30 *Entering 4<sup>th</sup> through 6<sup>th</sup> grade*

*\*\*A coach will meet them at the 2-5 and walk them over to the HS Gym.  
We will meet in Mrs. Mackey's classroom (she is a 4<sup>th</sup> grade teacher) right  
after school and then walk over to the HS gym together.*

**Why?** To learn about the game of volleyball, develop basic skills, and have fun! ***Campers will also receive a gift for participating in the camp!***

**Cost?** \$50.00 Please make checks payable to Lady Eagle Volleyball.  
(Money will be going to the volleyball program.)

### Instruction will be given by:

The New Albany Volleyball Coaching Staff and HS Players

---

Player's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size (circle one): YS YM YL AS AM AL

Make checks payable to: Lady Eagle Volleyball

Mail payment and this form to: Josh Lee NAHS 7600 Fodor Rd.

**Release & Waiver:** I give my daughter permission to attend the Lady Eagle Volleyball Camp. I authorize the directors of this camp to acquire emergency medical attention for my daughter. I agree for my insurance to cover the cost of any injuries without liability responsibility for the camp instructors, staff, or school system. In no way will I hold anyone associated with the camp responsible.

Parent Signature: \_\_\_\_\_

My daughter will plan to meet a coach in Mrs. Mackey's classroom and walk over to the High School Gym.

Circle one: YES or NO