

Wallace State
VOLLEYBALL CAMPS
HIGH SCHOOL TOURNAMENT
2009

----- INDIVIDUAL CAMP
JULY 20-21-22
COST \$100.00 PER PLAYER

----- VARSITY -JV TEAM CAMP I
JULY 9-10-11
COST \$350.00 PER TEAM

----- VARSITY-JV TEAM CAMP II
JULY 27-28-29
COST \$350.00 PER TEAM

----- MIDDLE SCHOOL
TEAM CAMP
JULY 24-25
COST \$350.00 PER TEAM

----- HIGH SCHOOL TOURNAMENT
SEPTEMBER 19th. COST \$ 200.00
(Pool play-then "Gold-Silver-Bronze Tournament Format)

NAME _____ TEAM NAME _____

AGE _____

ADDRESS _____ CITY _____ ZIP _____

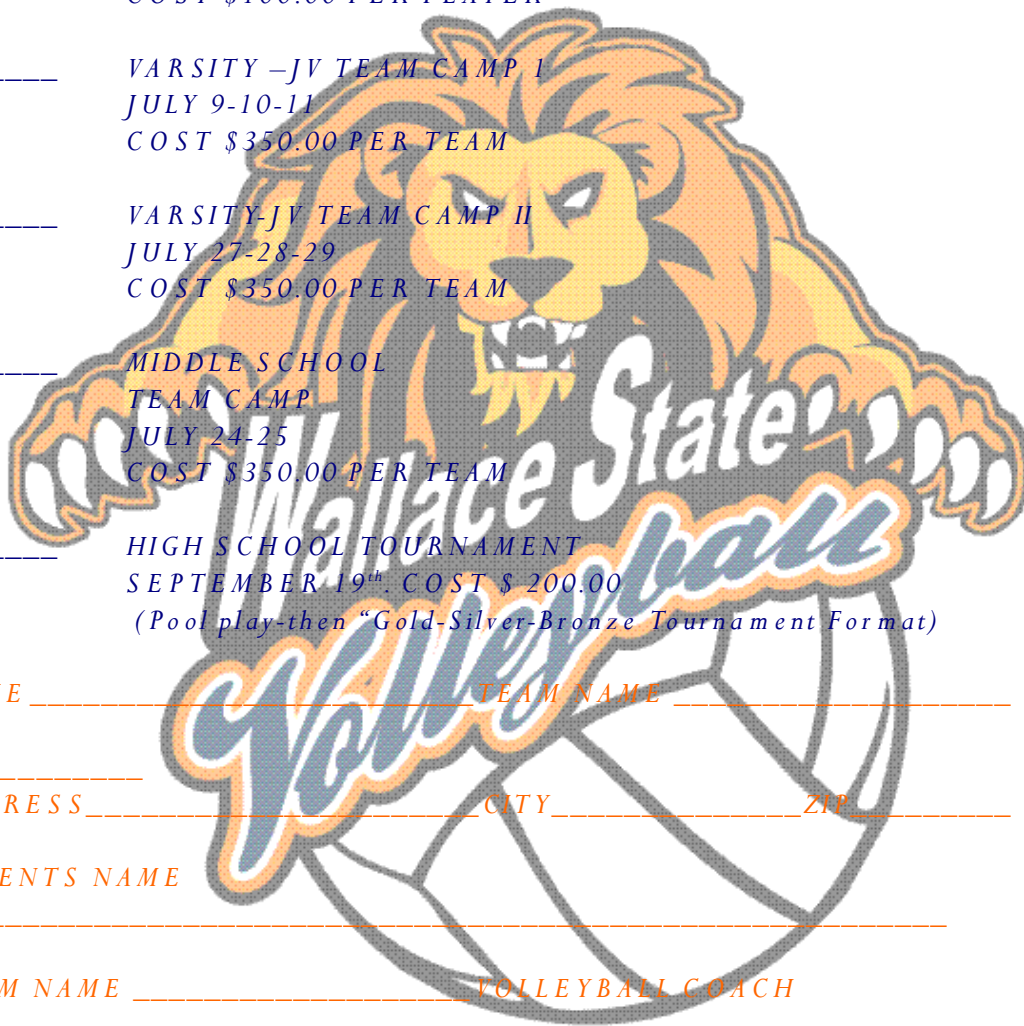
PARENTS NAME _____

TEAM NAME _____ VOLLEYBALL COACH _____

PHONE _____ Email _____

Pre-registration: Send in a form with a \$100.00 deposit for EACH team to:
Wallace State Volleyball
PO Box 2000, Hanceville, Al. 35077

****Please note ****



I will be limiting TEAM CAMP One and Two to 16 teams per division (Varsity and JV) Send in your registration form to reserve a spot.

I WILL BE TAKING THE FIRST 24 TEAMS FOR OUR HIGH SCHOOL TOURNAMENT.

Name _____

Address _____

City _____, Zip _____

Contact Person _____

Phone _____

Email _____

Team Camp Fees \$350.00 per team

Individual Camp Fee \$100.00 per participant

Make check payable to WSCC Volleyball.

Medical Release Form

Medical Insurance Company _____

Policy Holder Name _____

Policy #/Group _____

Doctor's Name _____

Number _____

MUST bring a copy of a current Physical !!

I hereby authorize my child's participation in the Volleyball camp. I do not know of any mental, physical, or behavioral problems that may affect my child's ability to safely participate. The camp staff is authorized to take medical action to any health problem that may occur while attending the camp. Neither my daughter nor, I, will hold Randy Daniel or the camp staff liable for injuries sustained while attending camp.

Signature of Parent of Guardian _____

Date _____

