



St. Charles Volleyball Camps 2 21

*****open to boys and girls*****

Jump into the action! We're serving up 4 days of unforgettable volleyball fun. The St. Charles Volleyball Camps will focus on the basic fundamentals of the game for the beginner, as well as some advanced tips and drills for the more experienced player. Both individual and team concepts will be introduced. Through daily drills and game situations we will give the players a better understanding of the game.

If you have any questions, please contact Mr. Carpenter: tcarpenter@stchbs.org or (612-787-1145)

Thank you and have a great summer!

When: Monday, June 14 – Thursday, June 17, 2021

Who: Boys & Girls currently in 3rd – 8th Grades***

Time: 8:30-10:00 a.m. (3rd- 5th graders)

**10:00-10:30 a.m. (all volleyballs & equipment will be sanitized between sessions)*

10:30 a.m.-12:00 p.m. (6th – 8th graders)

Where: St. Charles Gymnasium --2727 Stinson Blvd. N.E. St. Anthony, MN

What to bring: Water bottle, face mask, athletic shoes, shorts, t-shirt, knee pads, and willingness to work hard, learn new things, and have fun!

Cost: \$60.00 per athlete (Please make checks payable to St. Charles Athletic Dept.)

Please fill out the application below and return it to St. Charles by Friday, May 28th

(Please keep the top portion for your records. Thank you.)

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FAMILY INFORMATION

Student/Participant _____ Grade _____

Parent/Guardian Name _____

Address _____

Best Phone # to Reach You During Camp: _____ e-mail _____

I, _____, grant permission for my child, _____

Parent or Guardian's Name

Student/Participant's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact _____ Relationship _____ Phone _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE _____ DATE _____

I understand the conditions for team play and am willing to abide by these conditions.

Signature of Student Athlete: _____

Please return this form and \$60 fee to the school office by May 28th!

