

East Prairie Middle School

Volleyball Camp

2018

Date—June 4-7

Location— East Prairie Gym

Time— 9-10:30 a.m. (Grades 3-5) and 10:30 a.m.-12 p.m. (Grades 6-8)

Ages—Girls entering grades 3-8

Cost: \$30 and includes a T-shirt- Please return forms by May 22 to ensure you get a shirt by the end of camp. You may turn in forms on the first day of camp, but you will not receive your shirt until the beginning of the school year.

Please make checks payable to East Prairie Volleyball. Money from this camp will be used for equipment and next year's summer activities. Forms can be turned into your school office, Coach Yantis, or Coach Steedly.

The camp will focus on basic skills, position work (grades 6-8), and team play (grades 6-8). We will concentrate on passing, setting, serving, attacking, and rotation (grades 6-8), as well as team building activities.

If you have any questions, please don't hesitate to call Allison Yantis at (217) 621-0381 or email questions to yantisa@tuscola.k12.il.us

Name_____Phone_____

Address_____ City,State_____

Age_____Grade next year_____ Shirt size: YS YM YL AS AM AL AXL

Parent's Signature_____ Date_____

Phone# Home_____ Work_____ Cell_____



**Tuscola CUSD #301
409 S. Prairie
Tuscola, Illinois 61953**



Waiver of Liability for

Camps (updated April 8, 2016)

I, _____ (hereinafter "Parent") do hereby authorize and give my consent and permission for my child, _____ (hereinafter "Child"), to participate in _____, an extra-curricular program operated by Tuscola Community Unit School District No. 301 ("the District").

In consideration of the District's permission for Child to participate in the District's extra-curricular events, I acknowledge and permit Child to participate in this event or program and acknowledge the risks associated with this event or program, including but not limited to possible injury.

By my signature below:

I RELEASE AND FOREVER ACQUIT TUSCOLA COMMUNITY UNIT SCHOOL DISTRICT NO. 301, ITS OFFICERS, BOARD MEMBERS PAST, PRESENT, AND FUTURE, AND ANY AND ALL EMPLOYEES, AGENTS, AND ASSIGNS FROM ANY AND ALL LIABILITY IN THE EVENT MY CHILD IS INJURED, ENDANGERED, OR OTHERWISE DAMAGED OR LIABLE DURING THE ABOVE-STATED PROGRAM OR EVENT.

I have read, I understand, and I agree to the entirety of the WAIVER OF LIABILITY.

PARENT

DATE