

# PENN VOLLEYBALL CAMP 2018

Come and experience a fun sport that you can do for a lifetime! Our staff is eager to work with any girl or boy currently in grades K-8 and share our excitement and knowledge for volleyball. Details are below.

**WHEN?:** July 16-19, 2018

**WHERE?:** Meet in the Penn Arena first everyday. Wear shorts, t-shirt, socks, athletic shoes, and no jewelry please.

## GRADES & TIMES:

GRADE	TIME	COST
K-2 <sup>nd</sup>	12:00 – 1:00 pm	\$50.00
3 <sup>rd</sup> -5 <sup>th</sup>	1:00 – 2:30 pm	\$60.00
6 <sup>th</sup> - 7 <sup>th</sup>	2:30 – 4:30 pm	\$60.00
8 <sup>th</sup> (Penn Students Only)	5:30 – 9:00 pm	\$60.00

**\*GRADES ARE ACCORDING TO THE CURRENT 2017-2018 YEAR.**

**PLEASE RETURN THE SECTION BELOW FOR REGISTRATION.**

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**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

(Remember: Current 2017-2018 School Year)

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## SHIRT SIZE:

YOUTH: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

ADULT: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

## CIRCLE ONE:

**K-2** (12:00-1:00)

**3-5** (1:00-2:30)

**6-7** (2:30-4:30)

**8** (5:30-9:00)

## PLEASE SEND YOUR REGISTRATION TO:

Lisa Pawlik  
 Penn High School- c/o Volleyball  
 56100 Bittersweet Rd.  
 Mishawaka, IN 46545

## PLEASE MAKE CHECKS OUT TO LISA PAWLIK

Questions? Contact 574) 254-2846

# WAIVER

**STUDENT'S NAME:** \_\_\_\_\_

I hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation and the Penn Volleyball Camp including its staff or volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this Penn Volleyball Camp.

If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate health/hospitalization insurance to cover such injuries that may occur during Penn Volleyball Camp.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Emergency Information: In case a parent cannot be reached, please contact this person:

Name:	Phone Number:	Relationship to the Student: