



2010 DHS Volleyball Camp

WHEN: June 8th, 9th, 10th

2nd-7th graders 9:00a.m. - 11:00a.m.

8th-9th graders 12:00p.m. - 2:00p.m.

(contact person-Brooke Buti 419-438-3372/brbuti@defcity.org)

WHERE: Defiance High School Gym

WHO: Girls entering grades 2nd-9th this fall

COST: \$25

*Make check or money order payable to **Defiance Volleyball Parents Club.***

Mail to Defiance Athletic Department

ATTN: Brooke Buti

1755 Palmer Drive

Defiance, Ohio 43512

WHAT: This camp will teach the basic fundamentals of the sport with the help of the Varsity through Junior High coaching staff and high school athletes.

-----Cut on dotted line and send by **May 28th** with your payment -----

Player's Name: _____

Address: _____

Home Phone: _____

Parent or Guardian(s): _____

Parent Work or Cell Phone: _____ (best # to reach you during that time)

Age: ____ Grade this Fall: _____ Adult T-Shirt Size: S M L XL

Child T-Shirt Size: S M L XL

I hereby authorize the program director and camp staff to act on my behalf in any situations requiring immediate medical attention. I also certify that the above participant is covered by a comprehensive medical insurance plan or is self-insured. I hereby release the camp staff, director and Defiance City Schools of any liability for any illness or injury incurred by the above named participant while at camp or while in transit to or from camp.

Parent or Guardian Signature: _____ Date: _____