

# M.T.H.S. Volleyball Camp 2017

WHO: Incoming 4<sup>th</sup> – 9<sup>th</sup> Graders

WHEN: May 24-26 9<sup>th</sup> Graders & June 5-8 4<sup>th</sup> – 8<sup>th</sup> Graders

WHERE: Metamora High School Gyms

COST: \$50 (Make checks payable to MTHS Volleyball)

STAFF: Tara Ballard, Ann Cowling, Deb Barnes, Krstin Rauh, & Current MTHS players



GRADES:	DATE:	TIMES:
9 <sup>th</sup>	May 24-26	1:00 – 4:00
7 <sup>th</sup> - 8 <sup>th</sup>	June 5-8	12:00 – 2:30
4 <sup>th</sup> – 6 <sup>th</sup>	June 5-8	10:00 – 12:00



## 2017 CAMP FEATURES

- Emphasis on fundamental development including passing, setting, attacking, blocking, and serving
- Instruction and drills adapted for younger players in smaller groups
- FUN and competitive activities to go along with top volleyball instruction
- Metamora volleyball t-shirt

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Please complete the form below and send to:

Coach Tara Ballard  
Metamora Township High School  
101 W. Madison St.  
Metamora, IL 61548



\_\_\_\_ May 24-26      1:00 – 4:00      Incoming 9<sup>th</sup> Graders  
\_\_\_\_ June 5-8      12:00 -2:30      Incoming 7<sup>th</sup> – 8<sup>th</sup> Graders  
\_\_\_\_ June 5-8      10:00 -12:00      Incoming 4<sup>th</sup> - 6<sup>th</sup> Graders

Cost for Camp: \$50.00 (Includes Camp T-Shirt)

\*\*Please have form turned in by May 25 to ensure a T-Shirt

Name: \_\_\_\_\_ Grade Entering Fall 2017: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Grade School: \_\_\_\_\_  
Volleyball Experience: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: (Circle one) Youth L Adult S Adult M Adult L Adult XL

## LIABILITY WAIVER FOR PARTICIPANTS

Participants in the MTHS volleyball camp are not covered by medical or accident insurance. In consideration of acceptance of application, we hereby release Metamora Township High School, MTHS volleyball camp and all its employees from all claims on account of injuries, which may be sustained while attending camp. We agree to indemnify Metamora Township High School, the MTHS volleyball camp and all its employees for any claim, which may hereinafter be presented by participant of any injuries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

