



YOUTH VOLLEYBALL SKILLS CAMPS

For grades 1-2, 3-4 and 5-6

These volleyball camps will focus on the introduction and refinement of volleyball skills through many creative methods such as individual, partner and small group games. Players will learn the fundamentals of volleyball while experiencing team cooperation in a positive environment. Camps will be led by West Salem High School coaches Becki Murphy and Jamie Holst, with the assistance of high school volleyball athletes. COVID guidelines, including mask wearing and limited registration will be enforced. A complete list will be emailed to registered families.

Dates / Times / Location:

- Grades 1 & 2: March 15, 16, 17, & 18 (Mon-Thurs) from 6 - 7:15pm @ WSMS Gymnasium
- Grades 3 & 4: March 6, 13, 20, & 27 (Saturdays) from 8-10am @ WSMS Gymnasium
- Grades 5 & 6: March 6, 13, 20, & 27 (Saturdays) from 10am-Noon @ WSMS Gymnasium

Fees:

- Grades 1 & 2: \$25 Village Resident / \$30 School District Resident / \$35 Out of District
- Grades 3 – 6: \$30 Village Resident / \$35 School District Resident / \$40 Out of District

***REMINDER—MANY FAMILIES HAVE A CREDIT FROM 2020!**

PLEASE CHECK YOUR FAMILY'S ACTIVENET ACCOUNT FOR YOUR CREDIT BALANCE*

Registration Max: 40 athletes per camp division

PLEASE REGISTER EARLY: 3rd-6th requested by March 1st; 1st & 2nd requested by March 8th

REGISTRATION OPTIONS

1: ONLINE AT: <https://apm.activecommunities.com/westsalemparksandrec/Home>
OR

COMPLETE REGISTRATION FORM BELOW & RETURN WITH PAYMENT

2: MAIL TO: WEST SALEM PARK & REC. DEPT.
175 South Leonard St, West Salem, WI 54669

3: DROP OFF: 24 HOUR DROP BOX
Located next to our building entrance off of Leonard St.

Participant Name: _____	Birth date: _____	Age: _____
Address: _____	School Attending: _____	
School Attending: _____	2020-21 Grade: _____	Sex: _____
Participant resides with whom: _____	Home Phone: _____	
Email Address: _____		
Fee Included: <input type="checkbox"/> Grades 1-2: \$25 / \$30 / \$35	<input type="checkbox"/> Grades 3-4 & 5-6: \$30 / \$35 / \$40	
Medical Concerns/Limitations: _____		
Mother's Name: _____	Birth date: _____	Cell #: _____
Father's Name: _____	Birth date: _____	Cell #: _____
Emergency Contact Name (non-parent/guardian): _____		
Emergency Contact Relation: _____	Emergency Contact Phone: _____	