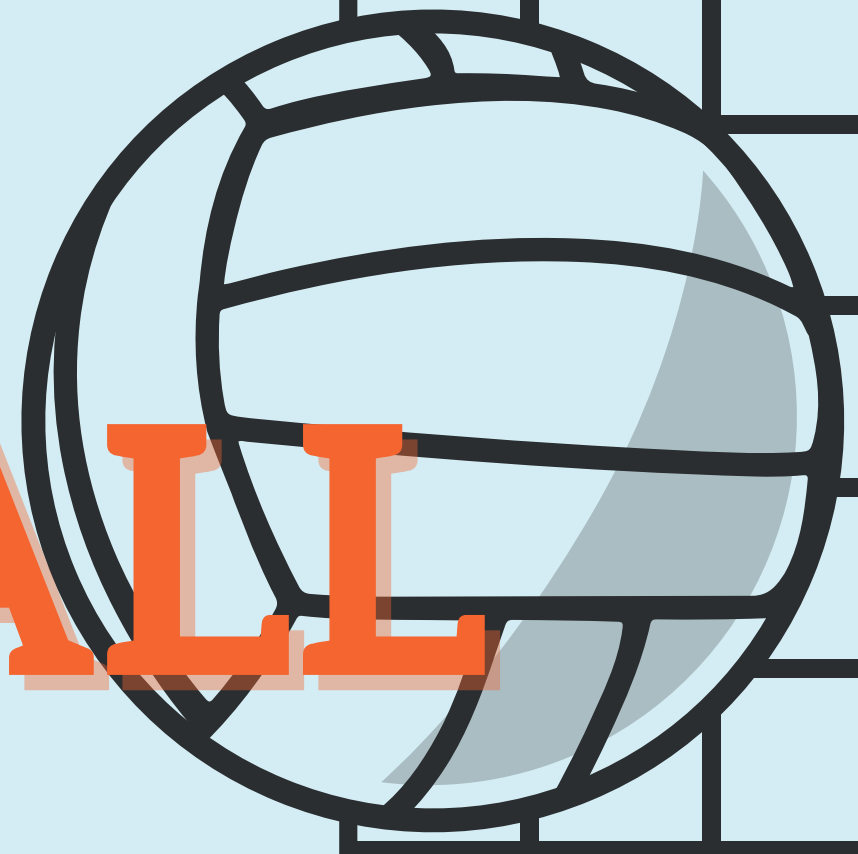


# YOUTH VOLLEYBALL SKILLS CAMPS



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.

### DATES / TIMES / LOCATION:

- Grades 1/2: March 4, 11, 18, 25 from 8-9am @ WSHS Gym
  - Grades 3/4: March 4, 11, 18, 25 from 9-10:30am @ WSHS Gym
  - Grades 5/6: March 4, 11, 18, 25 from 10:30am-Noon @ WSHS Gym
- \*Dates/Times/Locations subject to change based on gym availability\*

### FEES:

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

**REGISTRATION MAX: 40 ATHLETES PER CAMP DIVISION**

**PLEASE REGISTER EARLY:** All registrations requested by February 24

### REGISTRATION OPTIONS:

Register online at [westsalemwi.com/park-recreation/](https://westsalemwi.com/park-recreation/) or complete the form below and mail with payment to WS Rec, 175 S. Leonard Street, West Salem

PARTICIPANT NAME: _____		BIRTH DATE: _____	AGE: _____
ADDRESS: _____			
SCHOOL ATTENDING: _____		CURRENT GRADE: _____	SEX: _____
PARTICIPANT RESIDES WITH WHOM: _____		PRIMARY PHONE: _____	
EMAIL ADDRESS: _____			
FEE INCLUDED:	GRADES 1-2: \$25 / \$30 / \$35	GRADES 3-4 & 5-6: \$30 / \$35 / \$40	
MEDICAL CONCERNS/LIMITATIONS: _____			
MOTHER'S NAME: _____	BIRTH DATE: _____	CELL: _____	
FATHER'S NAME: _____	BIRTH DATE: _____	CELL: _____	

### WAIVER OF LIABILITY AND DISCLAIMER

I the undersigned parent / guardian of the above named individual hereby give him/her permission to participate in the above marked activities, exclude the sponsoring agency and all volunteer workers from liability in the event of an accident or injury from participation under normal circumstances.

The West Salem Park & Rec has put in place preventative measures to reduce the spread of COVID-19; however, the West Salem Park & Rec cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19. I understand the increased risk of contracting COVID-19 through participation with the West Salem Park & Rec. I knowingly and freely assume all such COVID-19 risks, and assume full responsibility for my child's participation in programs with the West Salem Park & Rec.

PARENT/GUARDIAN SIGNATURE: _____	DATE: _____
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