



## 2021 St. Albert Jr. High Volleyball Camp

**In the RENOVATED High School Main Gym!**

### **\*2 Separate Camps!!**

<b><u>5<sup>th</sup>-8<sup>th</sup> Grades:</u></b> <b>Mon-Wed Aug. 16-18</b> <b>2:30-4pm</b> <b>Cost - \$40</b>	<b><u>3<sup>rd</sup>-4<sup>th</sup> Grades:</u></b> <b>Thur-Fri Aug. 19 &amp; 20</b> <b>2:30-4pm</b> <b>Cost - \$30</b>
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Each participant will receive instruction on the fundamentals of the game along with some fun! Many of the St. Albert High School volleyball team will be helping each day.

Please turn in or mail completed forms to the H.S. office with payment. \*Forms need to be turned in by **Wednesday July 14<sup>th</sup>** to be guaranteed a camp t-shirt.

**\*\*Please carry in clean shoes to wear in the gym for camp – no street shoes please!**

Any questions, please contact Head Coach Angie Lantz  
(cell) 402-740-6850 or email: coach\_lantz@yahoo.com

\*Please turn in this form with payment (checks made out to St. Albert)

Name: \_\_\_\_\_ 5<sup>th</sup>-8<sup>th</sup> Camp / 3<sup>rd</sup>-4<sup>th</sup> Camp

Address: \_\_\_\_\_ Grade: \_\_\_\_\_ (Fall '21)

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

This parental signature releases Saint Albert Catholic School, and all coaches involved for claims (present and future) resulting from injuries, which may occur during this camp. This signature gives us permission to provide medical care as deemed necessary.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**OFFICIAL USE ONLY:** Received: \_\_\_\_\_ Amt. Pd: \_\_\_\_\_ Check #: \_\_\_\_\_ or Cash: \_\_\_\_\_