



Mini Lady Eagle Volleyball Camp



Who: Incoming 1st-3rd Graders

When: Tuesday, May 28th - Thursday, May 30th
8:30 AM to 10:00 AM

Where: Ropes Gym

Cost: \$45.00 (\$5 DISCOUNT FOR SIBLINGS)
Checks Payable to:
Nikki Garcia

*****In order to receive your T-shirt, you must turn your form in by May 21, 2024.*****

Camper Name: _____

Address: _____ **City** _____

Zip _____ **Age** _____ **Grade 2024-2025** _____

Parent/Guardian Name: _____

Phone #s

(Hm) _____ **(work)** _____ **(cell)** _____

T-Shirt Size Circle Below:

Youth S M L Adult S M L XL

WAIVER OF CLAIMS: I, as parent or guardian, hereby give permission for my child to participate in the Ropes Eagles Volleyball Camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the directors of the Ropes Eagles Volleyball Camp to act for me according to their best judgment in an emergency requiring medical attention, and acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child. I hereby waive any claim I might have against Nikki Garcia, All Skills Volleyball Camp, and Ropes I.S.D.

Parent/Guardian Signature _____ **Date:** _____



Lady Eagle Volleyball Camp



Incoming 4th-6th Graders

When: Tuesday, May 28th - Thursday, May 30th
10:30 AM to 1:00PM

Where: Ropes Gym

Cost: \$50.00 (\$5 DISCOUNT FOR SIBLINGS)
Checks Payable to:
Nikki Garcia

*****In order to receive your T-shirt, you must turn your form in by May 21, 2024.*****

Camper Name: _____

Address: _____ **City** _____

Zip _____ **Age** _____ **Grade 2024-2025** _____

Parent/Guardian Name: _____

Phone #s

(Hm) _____ **(work)** _____ **(cell)** _____

T-Shirt Size Circle Below:

Youth S M L Adult S M L XL

WAIVER OF CLAIMS: I, as parent or guardian, hereby give permission for my child to participate in the Ropes Eagles Volleyball Camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the directors of the Ropes Eagles Volleyball Camp to act for me according to their best judgment in an emergency requiring medical attention, and acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child. I hereby waive any claim I might have against Nikki Garcia, All Skills Volleyball Camp, and Ropes I.S.D.

Parent/Guardian Signature _____ **Date:** _____