**Parkview Volleyball Camp 2016**

**July 18-22**

**Parkview Jr/Sr High Gym**

Junior High – 2:00-4:00pm

Senior High – 4:15-7:00pm

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Grade (Fall ‘16) |  |
| Position (If Known) |  |
| Parent Name(s) |  |
|  |  |
| Address |  |
|  |  |
| Phone Number |  |
| Email |  |
| Emergency Contact |  |
|  (Name and Phone) |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Parkview High School Volleyball Camp on July 18-22.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature & Date

The cost for this camp is $25.

Please make checks payable to: Parkview High School

Registration and payments can be mailed to:

Kelsey Smith

762 Glenway Road

Oregon, WI 53575

Or brought to any open gym. Same day registrations at camp will also be accepted!