🏐 MINISINK VOLLEYBALL SUMMER CAMP 🏐

Hey Minisink girls, Let's Get Game-Ready Together!
Come join us for a week of fun-filled days of volleyball, where you'll grow your skills, build confidence, and get to play with current and new friends— all while getting ready for the season ahead!

📅 Dates: Monday–Friday, July 28th– August 1st 🕗 Time: 8:00 AM – 11:00 am
📍 Location: Minisink Valley Middle School Gym 💵 Cost: $100 per player
🎯 Who: Minisink girls entering 5th, 6th, 7th and 8th grade

Coached by: Miss Van Pelt, Middle School Physical Education Teacher and JV Volleyball Coach. Email: Nvanpelt@minisink.com

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What to Expect:

✨ **Build your confidence**
✨ **Learn and sharpen your volleyball skills**
✨ **Work with current Varsity & JV players**
✨ **Play fun, competitive games**

Our Goal by the end of this camp is to either get you excited and interested in the sport OR get ready for tryouts this fall season!

🌟 **Space is limited! Only 50 spots available**
Spots will go fast — it's first come, first serve! (pun intended)

📬 How to sign up:
$100 check made out to MV Volleyball Booster Club in a labeled envelope to Miss. Van Pelt- Minisink Middle School. This can be dropped off to me in person or send via interoffice mail in the office (elementary students) *make sure to circle your t-shirt size and read and sign the safety waiver on the back* The deadline is June 25th.

Let's have a great week, work hard, and most importantly — have fun!
We can't wait to see you there 🏐💚 -Coach Van Pelt

T-Shirt SIZE: Please circle preferred size

YOUTH- S M L ADULT- S M L

WAIVER AND RELEASE OF LIABILITY

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Participant Name: _____
Date of Birth: _____
Parent/Guardian Name: _____
Emergency Contact & Phone: _____

As the parent/guardian of the above-named participant, I understand that participation in volleyball camp activities at Minisink Valley School involves inherent risks, including but not limited to falls, collisions, sprains, strains, fractures, and other injuries that may result from physical activity. I voluntarily assume all such risks on behalf of my child.

In consideration of my child being allowed to participate, I hereby release and hold harmless **Minisink Valley School District, its employees, coaches, volunteers, and affiliates** from any and all liability, claims, or causes of action arising from injury, illness, or damages related to camp participation, whether caused by negligence or otherwise.

I authorize the camp staff to seek emergency medical treatment if necessary and accept financial responsibility for any resulting medical expenses. I acknowledge that the camp does not provide medical insurance and that it is my responsibility to provide coverage.

Allergies/Medical Conditions:
Please list any allergies, medical conditions, or medications the camp staff should be aware of:

Photo Release (optional): I consent to the use of photos/videos of my child for camp promotional purposes.
☐ Yes ☐ No

I have read and understood this waiver and sign it voluntarily.

Parent/Guardian Signature: _____ Date: _____
Printed Name: _____