⑤ MINISINK VOLLEYBALL SUMMER CAMP ⑤

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!

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

What to Expect:

- 汼 Build your confidence
- 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



Participant Name:	
Date of Birth:	
Parent/Guardian Name:	
Emergency Contact & Phone:	
As the parent/guardian of the above-named par- volleyball camp activities at Minisink Valley So but not limited to falls, collisions, sprains, strain result from physical activity. I voluntarily assur	chool involves inherent risks, including ns, fractures, and other injuries that may
In consideration of my child being allowed to p harmless Minisink Valley School District, its affiliates from any and all liability, claims, or c or damages related to camp participation, whether	employees, coaches, volunteers, and auses of action arising from injury, illness,
I authorize the camp staff to seek emergency m financial responsibility for any resulting medical does not provide medical insurance and that it is	al expenses. I acknowledge that the camp
Allergies/Medical Conditions: Please list any allergies, medical conditions, aware of:	or medications the camp staff should be
Photo Release (optional): I consent to the use promotional purposes. ☐ Yes ☐ No	of photos/videos of my child for camp
I have read and understood this waiver and sign	it voluntarily.
Parent/Guardian Signature:	Date:
Printed Name:	