

2023 BROSSART VOLLEYBALL YOUTH SUMMER CAMP

4:00- 6:00 PM * JULY: 11TH-12TH * GRADES 4-9

EACH CAMPER WILL RECEIVE

**** HIGH QUALITY CAMP T-SHIRT ****

**** ONE ON ONE INSTRUCTION FROM COACHING STAFF AND CURRENT PLAYERS****

**** ACTIVITES DAILY****

CAMP FEE - \$50 WALK-UPS AND REGISTRATIONS AFTER JULY 1ST-\$60

MEET AND RECEIVE INSTRUCTION FROM HEAD COACH DANIELLE FRENCH AND HER COACHING STAFF

For More Information - Dfrench@bishopbrossart.org

RETURN FORM AND REMITTANCE: BISHOP BROSSART HIGH SCHOOL
4 GROVE STREET, ALEXANDRIA, KY. 41001 ATTN: COACH DANIELLE FRENCH

MAKE CHECKS PAYABLE TO: BISHOP BROSSART HIGH SCHOOL - PLEASE PRINT LEGIBLY
ONE PLAYER PER FORM PLEASE!

*THE ATHLETE WILL RECEIVE A CAMP SHIRT IF PAID BY JULY 1. IF PAID AFTER JULY 1, A CAMP SHIRT IS NOT GUARANTEED. *

NAME: _____

ADDRESS: _____

PLAYER NAME: _____

GRADE (23-24) SCHOOL YEAR: _____ PHONE: _ (____) _____

SCHOOL: _____ AGE: _____

EMERGENCY PHONE: _ (____) _____

E/MAIL: _____

PLEASE INITIAL - I PERMIT MY CHILD'S NAME/PHOTO TO BE USED ON SOCIAL MEDIA: _____

I DO NOT PERMIT MY CHILD'S NAME/PHOTO TO BE USED: _____

CIRCLE T-SHIRT SIZE: YM YL ADULT-S ADULT-M ADULT-L ADULT-XL

_____ HAS MY PERMISSION TO ATTEND BISHOP BROSSART SUMMER YOUTH VOLLEYBALL CAMP.

I ACKNOWLEDGE THAT MY CHILD WILL PARTICIPATE IN A SPORT THAT MAY INCUR RISK OF INJURY. I SPECIFICALLY WAIVE AND RELEASE BISHOP BROSSART, ITS EMPLOYEES AND STAFF FROM LIABILITY FOR ANY DAMAGE CLAIMS WHICH MY CHILD MAY HAVE FROM INJURIES THEY MAY SUSTAIN DURING CAMP.

2023

PARENT OR GUARDIN: _____ DATE: _____

