

DECATUR CHRISTIAN VOLLEYBALL CAMPS

137 S. Grant St. Forsyth, IL 62535

High School All Skills:

June 4-8 for Grades 9th, 10th, 11th, and 12th ~ 9 AM to 12 Noon

Junior High All Skills:

June 4-8 for Grades 5th, 6th, 7th, and 8th ~ 1 PM to 4 PM

Position Specific Training

Setting Camp – June 11, 15, 18, 20 for 5th grade up ~ 9 AM to 12 Noon

Passing Camp – June 11, 15, 18, 20 for 5th grade up ~ 1 PM to 4 PM

Attacking Camp – June 12, 16, 19, 21 for 5th grade up ~ 9 AM to 12 Noon

(All camps are based upon the grade level when entering school in the fall of 2012)

Each camp is \$75 – Includes Camp T-Shirt
Discount for Multiple Camps

Get your registration form and entry fee to us ASAP.
The **deadline** for registration is **Friday, May 25th, 2012**.
Players will be accepted after this date if space is available,
however the number of extra t-shirts is limited.

Send Your Check and Registration Form to:

Decatur Christian School
137 S. Grant St.
Forsyth, IL 62535

For more information:

Call Coach Braun at 217-972-5911.

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Registration Form

Disclaimer of Liability

Decatur Christian School and the DCS Camp Staff shall not assume any liability for injuries incurred while your athlete is participating in the DCS Volleyball Camp. Players participating in the DCS Volleyball Camp are using the equipment and facilities of the Decatur Christian School and do so at their own risk. Sports are physical in nature, and those who elect to participate must recognize that serious life changing injuries may occur.

In addition, Decatur Christian School and the DCS Camp Staff shall not assume any liability for damages to private property. The participant and parents assume full responsibility for any damages to school or personal property occurring during the DCS Volleyball Camp.

Confirmation of Insurance Coverage

I understand the Disclaimer of Liability stated above. In addition, I have an insurance policy that covers my athlete while engaged in the DCS Volleyball Camp. The camp staff has permission to secure the necessary treatment for my daughter in the event of a serious injury. In the case of a minor injury, I understand the staff will attempt to notify me first.

Preferred Hospital: _____ Insurance Company: _____

Registration Information

Pick a Camp: (You may pick up to four camps, however the player will receive only one t-shirt)

- HS All Skills – June 4-8 for Grades 9th, 10th, 11th, and 12th ~ 9 AM to 12 Noon
- JH All Skills – June 4-8 for Grades 5th, 6th, 7th, and 8th ~ 1 PM to 4 PM
- Setting Camp – June 11, 15, 18, 20 for 5th grade up ~ 9 AM to 12 Noon
- Passing Camp – June 11, 15, 18, 20 for 5th grade up ~ 1 PM to 4 PM
- Attacking Camp – June 12, 16, 19, 21 for 5th grade up ~ 9 AM to 12 Noon

Fee: 1 Camp: \$75.00 2 Camps: \$130.00 3 Camps: \$190.00 4 Camps: \$240.00

Name of Athlete: _____ School in Fall 2012: _____

T-Shirt: YS – YM – YL – S – M – L – XL – 2XL – 3XL (Circle One)

Parent's Signature: _____

Home Phone: _____ Cell Phone: _____

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137 S. Grant St.
Forsyth, IL 62535

For More Information:

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at 217-972-5911.

For Office Use:

Check #: _____
Amt. Pd: _____