



After School Volleyball Camp

Elementary Schools



Basic Info:

- Program will be planned and coached by Alisah McPhee (Eugene Reimer teacher and coach), as well as current Reimer grade 8 volleyball players.
- Students will participate in a variety of volleyball activities and games where they will learn and develop technical skills in a fun environment.
- The program is open to all **grade 4 & 5 students**, but, will be capped at a maximum of 60 total students.

Cost: \$15 per student (Includes 5 sessions, and a T-shirt)

Location: Eugene Reimer Middle School Gym

Dates (You will choose one timeslot session):

- **Dec 4** > Session 1 = 3:00-4:00pm >Session 2= 4:00-5:00pm
- **Dec 7** > Session 1 = 3:00-4:00pm >Session 2= 4:00-5:00pm
- **Dec 11** > Session 1 = 3:00-4:00pm >Session 2= 4:00-5:00pm
- **Dec 13** > Session 1 = 3:00-4:00pm >Session 2= 4:00-5:00pm
- **Dec 14** > Session 1 = 3:00-4:00pm >Session 2= 4:00-5:00pm

*Please fill out the attached permission form and hand into **your school office**.

If you have any questions please e mail Robb Rutley @ Robb.rutley@abbyschools.ca



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Registration Form

Student Name (first and last):

School:

What time slot would you like your child to be in (CIRCLE):

3:00PM – 4:00PM

4:00PM-5:00PM

*Both take place at Eugene Reimer

Requested T-Shirt Size (CIRCLE):

Youth Small

Youth Medium

Youth Large

Youth XI

Adult Small

Adult Medium

Adult Large

***Please attach \$15 cheque (made out to Eugene Reimer Middle School) ,or, cash in envelope to this form and drop off to your current elementary school.**

PARENT/LEGAL GUARDIAN CONSENT

(Please return this portion to the school)

I wish my child _____ to participate in after school volleyball camp
(child's name) (activity)

on various days between Dec 4, 2018 and Dec 14, 2018.

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

Medical concerns, if any: (please include allergies where pertinent)

(Signature of Parent/Legal Guardian)

(Name of Parent/Legal Guardian – please print)

(date)

Phone #: