

Wellsville Middle School Volleyball

Summer Camp form

Students Name _____ **Grade** _____

Parents Name _____

Address _____ **Phone #** _____

Parents email address _____

Emergency Contact _____ **Phone #** _____

Camp Fees: \$20.00, mail to Jeanette Selk, PO Box 113, Wellsville, Ks 66092

Or venmo: @Jeanette-Selk, camp form must be turned in filled out first day of camp if paid by venmo.

Camp dates: July 11th (Tuesday) through July 13th (Thursday)

Camp times: 1:00pm-3:00pm

Camp site: WHS Red Gym

Camp Instructor: Jeanette Selk

**Form more information contact Jeanette Selk- 785-304-6309,
cswany2000@yahoo.com**

My child is voluntarily participating in the aforementioned volleyball camp at their own risk. We are aware of the risk associated with participation in this activity, we do not hold Wellsville Middle School, or camp instructors responsible for any injury resulting from participation.

Parents Signature _____ **date** _____