

**KAHOK VOLLEYBALL CAMP**

\* WHO: FEMALE ATHLETES GRADES 3-8 CUSD 10 AND PAROCHIAL SCHOOLS WITHIN THIS DISTRICT

\*WHEN: APRIL 21-24, FROM 6:30 - 8:00 PM

\*WHERE: CHS FLETCHER GYM AND CHS AUXILLARY GYM

\*WHY: ENHANCE OR LEARN NEW VOLLEYBALL SKILLS. WORK WITH CHS PLAYERS AND COACHES ON YOUR SKILLS, PLAY GAMES, MAKE NEW FRIENDS, AND HAVE FUN! ALL SKILL LEVELS WELCOME.

COST: \$35.00

SIGN YOUR CHILD IN AT THE FLETCHER GYMNASIUM ON THE FIRST DAY OF CAMP SO YOU WILL KNOW WHICH GYM YOUR CHILD WILL BE IN.

---

**REGISTRATION FORM**

NAME: \_\_\_\_\_

PARENT PERMISSION: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

CONTACT NUMBER (IN CASE OF EMERGENCY): \_\_\_\_\_

AMOUNT ENCLOSED: \_\_\_\_\_

**CHECKS PAYABLE TO KAHOK VOLLEYBALL CAMP**

ATTENDED CAMP LAST YEAR (CIRCLE):      YES                      NO

T-SHIRT SIZE (CIRCLE):      **YOUTH**      S      M      L      XL

**ADULT**      S      M

**HOLD HARMLESS AGREEMENT**

I, (please print) \_\_\_\_\_, parent or guardian of (please print) \_\_\_\_\_ agree to hold harmless the sponsor of the volleyball camp (Kahok Volleyball Progam), the school personnel, and school district CCUSD #10 for any personal injuries or loss sustained during the course of the activity, including time at the activity while my child is not in play.

Phone number where I can be reached after 3:00 p.m. on Monday thru Thursday, 4/21/08-4/24/08: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

DEADLINE FOR REGISTRATION: 4/16/08 MAIL REGISTRATION AND MONEY TO:

KIM LOBB, CHS VOLLEYBALL  
2201 S. MORRISON ST.  
COLLINSVILLE, IL 62234