



## 2019 Youth Raider Volleyball Camp

Instructed by the RHS coaching staff and additional experienced personnel.

**Date:** August 6<sup>th</sup>-August 8<sup>th</sup>

**Where:** Reynolds High School Gym.

**Time:** 5pm-8pm.

**What they receive:** \* Fundamentals for passing, setting, serving, hitting to varsity drills depending on level of play. \*Scrimmaging at the end of the day. \*Prizes for games

**Who:** All Incoming 6<sup>th</sup>-8<sup>th</sup> Grade students

**Cost:** \$40 \*Includes a camp T-shirt if pre-registration received by July 29th!

**Send payments to: ATTN: Volleyball - c/o Nerisa Laban**

1698 SW Cherry Park Rd, Troutdale, OR 97060

IMPORTANT: T-shirts will be ordered on July 31. All pre-registered athletes will be given the size they order. Every effort will be made to accommodate the preferred size of players registering at the door.

**Contact:** Nerisa Laban [lopakilaban@hotmail.com](mailto:lopakilaban@hotmail.com)

**Calendar Information:** <http://rhs.reynoldssd7.tandem.co/>

**Updates, pictures, and fun stuff:** [www.facebook.com/reynoldsladyraidervolleyball](http://www.facebook.com/reynoldsladyraidervolleyball)

Registration Form

Name: \_\_\_\_\_ 2019/20 Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Previous Volleyball Experience: \_\_\_\_\_

Parent: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

IMPORTANT – Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Middle School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The information provided above is true and accurate and I agree to release the Reynolds School District and its employees from all liability associated with this volleyball camp offered by the Reynolds coaching staff and its affiliates.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_