

# Wallace State

## Volleyball Camps- 2019

Wallace State Volleyball Team League:  
June 24-25-26-27-28, July 8-9-10-11-12, July 22-23

### **Divisions:**

Middle School or Junior High, Junior Varsity, Varsity

- Each division will play four matches per day. For example; MS/JH is first round, Junior Varsity second round, and Varsity is third round. We follow that schedule four times per day.
- Cost is \$400 per team, (for every three days), each additional day would \$100 per team. Space is limited please sign up early.
- Middle School/Junior High- for all days June 24-25-26-27-28, July 8-9-10-11-12, 22-23 will be an hour of skills, and then a game, we will follow that schedule each day. Varsity and JV will be competition play only.
- Each player and coach will receive a camp t-shirt. We cannot provide housing or meals. Sorry!

## Wallace State Camp of Champions

### July 24-25-26

**This camp will be competition play only for all divisions!**  
**Camp Champion Awards will be given.**

### **Registration information:**

NAME \_\_\_\_\_ TEAM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

### **Pre-registration for Camp and “Camp of Champions”**

Send in a form with a \$100.00 deposit for EACH team by April 1<sup>st</sup>.

### **Mail to attention:**

**Randy Daniel**

**Wallace State Volleyball**

**PO Box 2000, Hanceville, Al. 35077**

### **\*\*Please note \*\***

**I will be limiting teams to 10 per division (Varsity, JV, MS/JH) Send in your registration form to reserve a spot.**

Make check payable to WSSC Volleyball.

**Medical Release Form**

Medical Insurance Company \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy #/Group \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Number \_\_\_\_\_

**MUST bring a copy of a current Physical !!**

I hereby authorize my child's participation in the Volleyball camp. I do not know of any mental, physical, or behavioral problems that may affect my child's ability to safely participate. The camp staff is authorized to take medical action to any health problem that may occur while attending the camp. Neither my daughter nor I will hold Randy Daniel or the camp staff liable for injuries sustained while attending camp.

Signature of Parent of Guardian \_\_\_\_\_

Date \_\_\_\_\_

