



Sherrard High School Youth Volleyball Camp

- ⊗ What: Youth Volleyball Camp
- ⊗ Who: Any athletes entering 2nd through 8th grades
- ⊗ When: July 8th, 9th, and 10th.
2nd-4th grades: 4:30-6, 5-8th grades, 6-7:30
- ⊗ Cost: \$50- includes t-shirt and snacks

Athletes Name: _____

Grade Entering: _____

T-Shirt Size: _____

Payment Type (Cash/Check): _____

Diet or Medical Restrictions: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Email: _____

Parent/Guardian: I give permission for my child to participate in camp and hereby release Sherrard High School, their representatives, coaches and staff of any liability for any accident or injuries acquired through the course of this camp.

Signature and Date _____

Please mail completed registrations and payment to:

Coach Hemm
4701 176th Avenue
Sherrard, IL 61281

Make checks payable to
Sherrard Volleyball

For any questions, please contact Coach Hemm at Hemm.Mary@Sherrard.us or 309-230-9435