

## Please Print for Your Records

Name\_\_\_\_\_

Entering Grade Fall\_\_\_\_\_ Age\_\_\_\_\_

Middle School & Town\_\_\_\_\_

Home Address\_\_\_\_\_

Parent(s)/Guardian\_\_\_\_\_

Email Address (neatly please!)\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell\_\_\_\_\_

Circle ADULT T-shirt Size:    S            M            L

Circle Week:            1<sup>st</sup> Week                    2<sup>nd</sup> Week

### Waiver Of Claims:

I, as Parent/Guardian, give permission for my child to participate in the Cougar Volleyball Camp 2018 and waive any claim that I might have against Arlington Catholic and the coaches of the camp.

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

\_\_\_\_\_  
Print Name

**Special Circumstances? (Allergies, Asthma...etc)**

**Email Coach Reis- coachreis@aol.com**

# Arlington Catholic High School **VOLLEYBALL CAMP**

**For Entering 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> Graders**

## **WHEN:**

July 23<sup>rd</sup> – 27<sup>th</sup> and/or July 30<sup>th</sup> – August 3<sup>rd</sup>: 3pm – 6pm

## **WHERE:**

Arlington Catholic High School Gym

## **FIRST COME, FIRST SERVE:**

Maximum - 30 athletes

Questions?

Email Coach Reis: [CoachReis@aol.com](mailto:CoachReis@aol.com)

## **General Information**

Athletes will receive a camp T-shirt

Please register by July 9, 2018

### **Cost**

\$185.00 for 1 week or \$295 for both

### **Make Check Payable:**

Arlington Catholic High School

### **Mail Checks To:**

36 Forest St. Stoneham Ma. 02180

C/O Coach Rachel Reis

**DAYS ARE SUBJECT TO CHANGE DUE TO GYM SCHEDULING CONFLICTS.**

Wear proper volleyball attire including knee pads/sneakers and bring plenty of water.

**\*\*\*Please drop off and pick up athletes in the rear of the building.\*\*\***

**(OVER) - Please PRINT this side of form for YOUR records!  
- This flyer can also be found on the Arlington Catholic Website -**

