

CENTENNIAL HIGH SCHOOL VOLLEYBALL

INVITES YOU TO
ATTEND

YOUTH VOLLEYBALL CAMP COACHED BY THE KNIGHTS VOLLEYBALL PLAYERS

For additional information visit
www.centennialvolleyball.org

- For only \$125, each
Mini-Camper will receive:
- ◆ 2010 Mini-Camp t-shirt
 - ◆ Certificate of participation
 - ◆ Volleyball

Please pack daily:

- ◆ Knee Pads
- ◆ Nutritious lunch
- ◆ Snack
- ◆ Water or other drinks

Pick Up, Drop Off and Early Pickup:

Drop off will occur at the back side of the school outside the gym across from the fortress. Drop off time starts at 8:45 and will end at 9:00.

If you arrive after 9:00 you will need to walk your child into the gym.

Pick up will begin at 1:00 and end at 1:15. If you come into the gym prior to 1:00 please stay up on the track. We will bring the girls upstairs when we are finished with the days activities.

Early pick up is discouraged but we understand if you need to pick your child up early for an appointment. Please send in a note if you need to pick up your child early.

REGISTER EARLY
Before May 1st
Save \$ 15

CENTENNIAL



2010 Mini-Camp

For Rising 6th grade—Rising 9th grade



VOLLEYBALL

June 28th—July 1st



Monday—Thursday
9 a.m.—1 p.m.

CENTENNIAL HIGH
SCHOOL
MAIN GYM

Mail-In Registration

(Please PRINT Neatly)

Name of Camper: _____

Parent's/Legal Guardian's Name: _____

Address: _____

City: _____

Zip Code: _____

E-Mail _____

*All communication concerning camp will be via e-mail.

Age: _____ Grade (Fall '10) _____

Emergency Contacts:

Name _____

Cell # _____

Name _____

Cell # _____

Name _____

Cell # _____



V  **LLEYBALL**

T-Shirt Size (circle one):

YS(6-8) YM(10-12)

AS AM AL

Centennial Volleyball player who referred you:

Does your camper have any volleyball experience. Yes No



**Register NOW and
Reserve Your Spot!
\$110 Before May 1st
(\$125 After May 1st)**

**Make Checks out to:
Centennial Knights Volleyball**

Send Form and Check To:

**Todd Kearney
235 Crab Orchard Way
Roswell, GA. 30076
(404)643-0412**

For additional information visit
www.centennialvolleyball.org

Mail-In Registration

I hereby give consent for my child,
_____ to attend Centennial High School's Volleyball Mini-Camp from June 26th—July 1st 2010. If I cannot be reached in the event of an emergency, I hereby give consent for Centennial High School to obtain, through a physician or hospital of choice, such medical care that is reasonably necessary for the welfare of my child should any injury occur during the mini-camp.

Allergies _____

Details of any health concerns should be provided on a separate sheet and attached to this registration.

NOTE: The above named participant shall not be permitted to attend the mini-camp until Centennial High School has details of insurance by participants parents/legal guardian:

Insurance Company: _____

Policy and Group Numbers: _____

Parent/Guardian Signature: _____

I give permission for images of my child to be used in Centennial High School Volleyball promotional publications and on the CHS website.

(please check a box and initial on the line)

Yes—Please initial here: _____

No— Please initial here: _____