Middle School Panther Volleyball Camp 2017



6th, 7th, & 8th Graders

August 14th, 15th, 16th, and 17th When:

10:00 a.m. - 12:00 p.m.

Where: **Central Springs Middle School**

in Nora Springs

Cost: \$30.00 per student

> (Includes t-shirt and snack after each session) Make Checks Payable to: Panther Volleyball

Return Permission Slip with Registration Money by May 31 to Central Springs Middle School Office in Nora Springs c/o Ron Pedersen

After summer break begins, please send to Central Springs Middle School School Address: 509 North Iowa, Nora Springs, IA 50458

Name				
	le in School (Circle o	one) 6^{th} 7^{th} 8^{th}		
Address				
City	Zip	Phone		
Age Bi	irth Date			
[certify that		has my permission to participate in the Little		
Panther Volleyb	oall Camp. I certify	that she will be in the grade at the start of		
the 2017-2018 so	chool year.			
I hereby accept	full responsibility fo	or her participation. I will not hold Central		
• •		ts agents, liable or responsible for any accident		
occurring at this	s camp as a result of	f participation.		
O	•			
Signed		(Parent or Guardian)		
<u> </u>		<u> </u>		
Signed		(Participant)		
<i></i>				
Γ shirt size (Cir	cle One) Adult 2	XS S M L XL		
- (-	,			
Any Questions o	or Concerns			

Head Volleyball Coach Ron Pedersen

School (641) 749-5301 Cell (641) 740-7156