



ARHS Athletic Boosters Club

Algonquin Volleyball All Skills Camp 2019

Who: Girls, of all skill levels, entering grades 6th – 9th
Pre-season Clinic, entering grades 10th – 11th

When: Monday, August 12th to Thursday, August 15th

Time: 9:00 a.m. to 12:00 p.m. – incoming 6th – 9th graders
11:30 a.m. to 1:00 p.m. – incoming 10th and 11th graders

Where: Algonquin Regional High School, Northborough, MA

Coaches: Algonquin Varsity Volleyball Players

The Clinic

This camp is designed to introduce girls of all skill levels, to the competitive game of volleyball. Through this clinic girls will learn skills, positions, strategy, and teamwork all while having fun and meeting the Algonquin Volleyball team and other girls interested in the sport. No special equipment needed, a court type shoe is recommended and knee pads are completely optional. Be sure to bring plenty of water.

Fees & Registration:

\$125 per participant – Incoming grades 6 – 9 *

\$50 per participant – Incoming grades 10 & 11

* Sibling Rate - \$75 (\$50 discount for each sibling)

Registration is limited and filled on a first come, first serve basis. This payment covers all clinic fees and a T-shirt for each participant. Proceeds will benefit the ARHS Volleyball Boosters Club.

Please Register by July 26th to receive a T-Shirt – (After this date we will do our best to accommodate but we cannot guarantee all campers a T-shirt)

PLEASE REGISTER ONLINE AT:

www.arhsvballcamp.ticketleap.com/2019

If you have any questions or prefer not to register on-line please email:

arhsvball@gmail.com

If you prefer to mail a check, please fill out this form and mail check made out to ARHS Boosters. Mail to Kerry Hamling, 76 Wesson Terrace, Northborough, MA 01532

First Name: _____ **Last Name:** _____ **Grade** _____

Street Address: _____

State: _____ **Zip:** _____ **Email:** _____

Primary Phone Number: (_____) _____ **Secondary Phone Number:** (_____) _____

Emergency Contact: _____ **Emergency Phone Number:** (_____) _____

Relationship: _____ **Payment Amount:** \$____ **T- Shirt Size (Adult):** XS S M L XL (please circle one)

Medical Conditions (allergies, medications, injuries)

The above participant has my permission to participate in the clinic program above. In case of emergency, I understand every attempt will be made to contact person(s) above. If contact is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing below.

Signature: _____ **Date:** _____