Holy Family Girl's Sports Camp

WHAT Volleyball and Basketball camp for next years 4th, 5th, 6th, 7th, & 8th grade girls.

WHEN June 6th - 10h Note: Not all participants will come on all 5 days due to limited gym space.

TIME Basketball Camp: 4th, 5th, 6th, 7th, & 8th grades Mon-Thurs 1:30 to 3:00
Volleyball Camp: 4th,5th and 6th grades Mon - Wed 3:30-5:30
Volleyball Camp: 7th and 8th grades Thurs 3:30-5:30 and Fri 1:30-5:30

WHERE Holy Family High School Gym 5195 W. 144th Ave. Broomfield, CO 80023

COST $100 for both camps or $60 for one camp (includes camp T-shirt)

CONTACT Basketball Camp: Ron Rossi (303) 421-0531
Volleyball Camp: Trisha Kroll (303) 659-2141 or email at atigakrolls@aol.com

DEADLINE We will accept registrations up until the 1st day of camp. We will be ordering shirts by May 26th, 2011, so to guarantee a shirt please try to get your registration in by May 26th. This year we will be offering online registrations. To register go to www.hfvolleyball.com and click on camps. If you would prefer to do paper registration you can make your check out to Holy Family and mail your check and registration to Trisha Kroll at 10485 E Henderson Rd Brighton CO 80601.

I/we hereby authorize the staff of Holy Family Sports Camp to act for the applicant according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. In consideration of the applicant being allowed to participate in the clinic/camp, I/we acknowledge that I/we have had the opportunity to determine the nature of the activity and the manner in which it will be conducted or having waived the right to obtain such knowledge, do hereby assume all risks arising from or connected with said activity and release Holy Family, their employees and agents, from all liability of any kind or nature, whether cause in any way by the negligence of the release parties or not, arising from the applicant's participation in the clinic/camp or presence on the clinic/camp premises.

Parent/Guardian Signature_____Date_____