



2019



# Edgewood High School

## VOLLEYBALL CAMP

**June 18-21**  
**6-8 pm**  
**Grades K-8<sup>th</sup>**  
**\$55**

Edgewood High School Entrance 6

For more information contact Varsity Head Coach Beth May [bmay@rbbschools.net](mailto:bmay@rbbschools.net)

Please make checks payable to Edgewood High School (VB camp in the memo)

Please return completed forms and payment to  
Beth May/Edgewood High School  
601 Edgewood Dr.  
Ellettsville, IN 47429

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**Name:** \_\_\_\_\_  
**Grade (2018-2019):** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Parent(s):** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_  
**2<sup>nd</sup> Emergency Contact:** \_\_\_\_\_

**T-Shirt size: (circle)**  
**Ysm Ymd Ylg Yxl Asm Amd Alg Axl**

I hereby authorize the coaches at Edgewood High School to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release and discharge the respective staff, employees of and from any and all rights and claims resulting from injury of my person or property with participation of Edgewood Volleyball Camp.

X Parent Signature \_\_\_\_\_