



# Tri-Valley Pre Season Boot Camp

7<sup>th</sup>-12<sup>th</sup> graders

Camp Director: Bridget Ebert

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Grade (2018-2019) \_\_\_\_\_  
Parents Name: \_\_\_\_\_

CAMP SHIRT: (ADULT SIZES) SM M L XL (Circle one)

Registration Fee: \$30.00      1 Family Member  
                                  \$25.00      for each additional family member

SESSIONS: (Grades as of 18-19 School Year)  
One sheet per participant please

Camp Date and Times: **JULY 24<sup>th</sup>**  
**Session 1: 8:30-11:30**  
**Session 2: 1:00-3:00**

**Lunch will be provided**

\*\*\* Minimum of 10 participants per session required

I hereby authorize the directors of the Tri-Valley High School Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the camp and school district from any liability for any injuries while at camp. I also certify that my daughter(s) is/are medically fit to participate in this program.

PARENTS or GUARDIAN SIGNATURE:

\_\_\_\_\_  
Mail with FULL PAYMENT FOR PARTICIPATION TO:

Tri-Valley School  
C/O Bridget Ebert  
46450 252<sup>nd</sup> Street  
Colton, South Dakota 57018

Please make checks payable to Tri-Valley School

\* Registration must be received on or before April 30th to receive a T-Shirt.

