## PALISADE HIGH SCHOOL





## BUILDING FUTURE BULLDOGS

For more information about these camps, please contact our head coaches and camp directors:

Volleyball
Wendy MacAskill
palrocksvb@yahoo.com
970-216-6197

Girls Basketball DeAnne Larsen

deanne.larsen@d51schools.org 970-640-9546

> Boys Basketball Cory Hitchcock

coryhitchcock@yahoo.com 970-819-5845

PHS Athletic Office: 970-254-4800

#### To Register:

Send completed registration form with payment (checks payable to Palisade High School) to:

Palisade High School 3679 G Road Palisade, CO 81526 Attn: Volleyball <u>OR</u> Basketball

To guarantee receiving a camp gift: register for Volleyball by May 28 register for Basketball by May 15

# PALISADE BASKETBALL AND VOLLEYBALL



### **SUMMER CAMPS**

AT THIS TIME, MASKS WILL BE REQUIRED FOR ALL PARTICIPANTS

# VOLLEYBALL CAMP REGISTRATION

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		jp:_						
		************************************						
Phone:								
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K	1	2	3	4	5	6	7	8
Emergency contact name/phone #:								
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I hereby authorize coaches of the Palisade Volleyball Cam								
to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and								
release the camp from all liability for injuries or death incurre								
by th	e abovo	e namec	partic	cipant w	hile at	camp.		
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Fare	ent or	legal g	guardi	ian:				
Dat	:e:							

#### CAMPINCLUDES:

Instruction in all the fundamental sport skills and a camp gift.

#### **CAMP INFORMATION**

#### WHERE:

All camp sessions will be held at Palisade High School

#### WHEN:

#### Volleyball

June 7th - 9th (Monday-Wednesday) **Boys and Girls** entering grades:

K, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> 1:00-2:30 pm

6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> 3:00-4:30 pm

#### Basketball

June 7th – 9th (Monday-Wednesday)

Boys and Girls entering grades:  $6^{th}$ ,  $7^{th}$ ,  $8^{th}$ 8:30-10:00 am

K,1st,2nd,3rd,4th,5th 10:30 am -12:00 pm

#### COST:

\$40.00 per camp

Camp gifts are not guaranteed for late registrations

# BASKETBALL CAMP REGISTRATION

Name:								
Address:								
City/State/Zip:								
E-mail								
Phone:								
Grade in fall 2021: (please circle)								
K 1 2 3 4 5 6 7 8								
Emergency contact name/phone #:								
,								
T-shirt size:								
(Youth) S_ M_ L								
(Adult) S M L XL								
I hereby authorize coaches of the Palisade Basketball Can to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp from all liability for injuries or death incurre by the above named participant while at camp.								
Parent or legal guardían:								
Date:								
CAMPINICIAIDES								

#### CAMPINCLUDES:

Instruction in all the fundamental sport skills and a t-shirt.