



Coyote Volleyball Camp

Campo Verde High School 3870 S. Quartz St., Gilbert, AZ 85297
Girls Head Coach: Tayler Bader-Peterson (taylor.bader@gilbertschools.net)

When :August 11-13, 2020

Sessions:

K-5th Grade Boys & Girls	12:00 p.m. - 1:00 p.m.	\$50
6th-8th Grade Girls	1:15 p.m. - 3:15 p.m.	\$100
9th-12 Grade Girls	3:45 p.m. - 5:45 p.m.	\$100

Due to COVID-19, Space is limited and Pre-Registration is highly recommended.

Walk-In Registration will still be available.

Campers will be getting Face Masks this year at the end of camp!

Please send the portion below the dotted line with payment along with the CV Summer Camp Waiver form to the address above. Keep the portion above the dotted line for your records.

Please make all checks payable to : COYOTE VOLLEYBALL CAMP (Memo: Student's Name)

Student's Name: _____ 20-21 School: _____ Grade: _____

Parent's Name: _____ Parent's Phone Number: _____

Address: _____

E-Mail Address: _____

Attention: The dates and availability of this camp may change depending on the guidance we receive from the district and state related to COVID-19.

Please check the session you would like your daughter to attend¹:

- | | | |
|---|------------------------|-------------|
| <input type="checkbox"/> K-5th Grade Boys and Girls | 12:00 p.m. - 1:00 p.m. | Cost: \$50 |
| <input type="checkbox"/> 6-8th Grade Girls | 1:15 p.m. - 3:15 p.m. | Cost: \$100 |
| <input type="checkbox"/> 9-12th Grade Girls | 3:45 p.m. - 6:15 p.m. | Cost: \$100 |

As a condition precedent to participating in the Coyote Volleyball Camp, I, as the parent and/or legal guardian of _____ agree to maintain health insurance for my son/daughter while participating in this camp. If I do not maintain health insurance for my son/daughter, I agree to purchase the student accident insurance policy offered through the school district.

Parent Signature: _____ **Date:** _____

¹ For Office Use Only...Date Received: _____. Amount Paid: _____. Cash or Check. Check #: _____