**WILDCAT GIRLS VOLLEYBALL**

**SUMMER CAMPS & CLINICS 2019**

Twitter @MesquiteVball / Facebook: Mesquite HS Girls Volleyball Program

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| **Event** | **Date** | **Age** | **Time** | **Cost** | **C:\Users\carlos\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\2IMKMV6D\MM900185588[1].gif** |
| **Wildcat Volleyball Camp** – Individual skills, specialized skills, multi-touch drills and game play. Get them ready for school tryouts. Cost includes camp shirt. Day #4 will be a mock tryout to get them ready for the real thing. | Mon - ThursJuly 22 - 25 | Entering 7th – 12th Grade | 3:00pm – 5:00pm | $95 |  |

* **Camps and clinics held at Mesquite High School Main Gym**
* **Camps and clinics run and supervised by Carlos Flys, Varsity Coach and staff that has USA Volleyball IMPACT certification or NFHS certification**
* **Bring athletic attire, foot-wear and knee pads**
* **Questions & Info: Twitter @MesquiteVball /carlosflys@gmail.com / (480) 254-4000**

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| **Mesquite HS Volleyball Camp and Clinic Registration**Check all that apply above, fill out form and mail to: ***Carlos Flys, Girls Volleyball Coach / Mesquite High School / 500 S. McQueen Rd. / Gilbert, AZ 85233***Player Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (2019-20) \_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Check # \_\_\_\_\_\_\_\_\_\_ Payable to: ***Mesquite Wildcat Volleyball*** |
| **WAIVER**: I hereby authorize Wildcat Volleyball Camp instructors to administer general first aid treatment for any minor injuries received to the above player during the clinic/camp. If the injury sustained is life threatening or in need of emergency treatment, I authorize Wildcat Volleyball Camp representatives to summon professional emergency personnel to treat and/or transport my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. I hereby take all responsibility concerning my child’s physical condition upon entering the Wildcat Volleyball Camps/Clinics.**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |