

2016 ECS SENTINEL VOLLEYBALL CAMP



Camp RED

WHO: Grades rising 3rd – 10th
WHEN: JUNE 6th, 7th, & 8th
WHERE: ECS GYM located at 8237 Beacon Blvd. Fort Myers, FL 33907
TIME: 10:00AM – 2:00PM
COST: \$125 or \$50 for EACH individual day -
\$110 if registered and paid in full by May 15th

Camp SENTINEL

WHO: Grades rising 3rd – 10th
WHEN: JULY 25th, 26th, & 27th
WHERE: ECS GYM located at 8237 Beacon Blvd. Fort Myers, FL 33907
TIME: 10:00AM – 2:00PM
COST: \$125 or \$50 for EACH individual day -
\$110 if registered and paid in full by May 15th

Cost to attend both camps is \$200 if registered and paid before May 15th

WHAT TO BRING:

- Bring LUNCH and a DRINK (Drinks and snacks will be sold during breaks) Water bottle, Tennis shoes, knee pads, shorts, and t-shirt

REGISTRATION

Camper's Name: _____
Grade/School (Fall 2016): _____
Parent's Email address: _____
Parent's Name: _____
Parent's Phone: _____
Emergency Name and # (other than parent): _____
T-shirt size (YS YM YL AS AM AL AXL): _____
** If registered after May 1st, T-shirt size will be given as available.

You may pay with cash, credit card (at ECS business office only), or Make Checks payable to ECS. Please write "VOLLEYBALL CAMP" in the memo.

Business Office

Attending Camp RED: _____ \$125 – AFTER MAY 1ST, \$110 BEFORE MAY 15th
Registered Date: _____
Paid Date: _____
Payment Type: _____

Attending Camp SENTINEL: _____ \$125- AFTER MAY 15th, \$110 BEFORE MAY 15th
Registered Date: _____
Paid Date: _____
Payment Type: _____

If registered for both camps and paid before May 15th = \$200

MEDICAL RELEASE FORM

Must be completed by Parent or Guardian

In the event that my child is injured or becomes ill while attending the 2016 ECS Sentinel Volleyball Camp, I give my permission for the staff to seek medical attention if deemed necessary under the existing conditions.

I release Evangelical Christian School, the coaching staff, and trainers from any claims from injuries sustained during the camp.

I also certify that my son/daughter is in good health and that he/she will notify staff members of any conditions that may impair his/her ability to participate in all camp activities.

PLEASE SIGN BELOW

Parent/Guardian Signature

Date

Phone

Emergency Contact