

2017 ECS UPPER SCHOOL VOLLEYBALL CAMP



CAMP RED

- WHO:** Boys and Girls Rising 5th - 9th
WHEN: June 5th – June 7th
WHERE: ECS GYM located at 8237 Beacon Blvd. Fort Myers, FL 33907
TIME: 10am - 2pm
COST: \$120 or \$40 for EACH individual day -
\$100 if registered and paid in full by May 25th

CAMP SENTINEL

- WHO:** Boys and Girls Rising 5th- 9th
WHEN: JULY 24th, 25th, & 26th
WHERE: ECS GYM located at 8237 Beacon Blvd. Fort Myers, FL 33907
TIME: 5pm - 9pm
COST: \$120 or \$40 or EACH individual day -
\$100 if registered and paid in full by July 14th

WHAT TO BRING:

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

REGISTRATION

Camper's Name: _____ Grade/School 2017 _____

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

Parent's email : _____

T-shirt size: Please circle one YS YM YL AS AM AL AXL

** If registered after May 25th, 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 Upper School Camp RED: _____ \$100 – AFTER MAY 25TH, \$120

Registered Date: _____

Paid Date: _____

Payment Type: _____

Attending Upper School Camp SENTINEL: _____ \$100 – AFTER MAY 25TH, \$120

Registered Date: _____

Paid Date: _____

Payment Type: _____

MEDICAL RELEASE FORM

Must be completed by Parent or Guardian

In the event that my child is injured or becomes ill while attending the 2017 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 Signature: _____ Date: _____

Parent phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____