



# BECKMAN CATHOLIC TRAILBLAZER VOLLEYBALL CAMP

**5<sup>th</sup> - 8<sup>th</sup> grade**

**August 5 - 7**

**5<sup>th</sup> & 6<sup>th</sup> grade - 5:00 - 6:30 p.m.**

**7<sup>th</sup> & 8<sup>th</sup> grade - 6:30 - 8:00 p.m.**

**High School**

**August 5 - 8**

**9:00 a.m. - noon**

**Cost: \$30 - includes t-shirt**

**Checks: Beckman Catholic High School**

**Send to: Volleyball Camp**

**Beckman Catholic HS**

**1325 9<sup>th</sup> St. SE**

**Dyersville, IA 52040**

**\*\*Please return form by July 22, 2019**

**Any questions contact Todd Troutman - [ttroutman@beckman.pvt.k12.ia.us](mailto:ttroutman@beckman.pvt.k12.ia.us) or call Beckman at 875-7188.**

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**NAME:** \_\_\_\_\_ **GRADE (19-20):** \_\_\_\_\_

**PARENT'S:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ST/ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **ALT PHONE:** \_\_\_\_\_

**T-SHIRT SIZE** \_\_\_\_\_

I certify that \_\_\_\_\_ has my permission to compete in the 2019 Volleyball Camp. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Volleyball Camp Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

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Signature of Parent or Guardian

Date