



# St. Charles Volleyball Camps 2024

**\*\*\*OPEN TO BOYS AND GIRLS\*\*\***

Jump into the action! We're serving up 4 days of unforgettable volleyball fun. The St. Charles Volleyball Camps will focus on the basic fundamentals of the game for the beginner, as well as some advanced tips and drills for the more experienced player. Both individual and team concepts will be introduced. Through daily drills and game situations we will give the players a better understanding of the game.

If you have any questions, please contact Mr. Carpenter: [tcarpenter@stchbs.org](mailto:tcarpenter@stchbs.org) or (612-787-1145)

Thank you and have a great summer!

**When:** Monday, June 17 – Thursday, June 20, 2024

**Who:** Boys & Girls currently in 3<sup>rd</sup> – 8<sup>th</sup> Grades

**Time:** 8:30-10:00 a.m. (current 3<sup>rd</sup>- 5<sup>th</sup> graders)  
10:00-11:30 a.m. (current 6<sup>th</sup> – 8<sup>th</sup> graders)

**Where:** St. Charles Gymnasium --2727 Stinson Blvd. N.E. St. Anthony, MN

**What to bring:** Water bottle, athletic shoes, shorts, t-shirt, knee pads, and willingness to work hard, learn new things, and have fun!

**\*Cost:** \$60.00 per athlete (Please make checks payable to Tony Carpenter\*)

**Please fill out the application below and return it to Mr. Carpenter by Friday, May 17<sup>th</sup>.**

**(Please keep the top portion for your records. Thank you.)**

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**FAMILY INFORMATION**

Student/Participant \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Best Phone # to Reach You During Camp: \_\_\_\_\_ e-mail \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,

*Parent or Guardian's Name*

*Student/Participant's Name*

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand the conditions for team play and am willing to abide by these conditions.

**Signature of Student Athlete:** \_\_\_\_\_



**Please return this form and \$60 fee payable to Mr. Carpenter by May 17<sup>th</sup>.**