

# Arlington Catholic High School **VOLLEYBALL CAMP**

For All 6th, 7th, 8th Graders & Incoming Freshman

## **WHERE:**

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Arlington Catholic  
High School Gym

## **WHEN:**

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6pm - 8pm  
July 29 - August 1  
AND/OR  
August 5 - 8

## **GENERAL INFO:**

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**PLEASE REGISTER BY JULY 15, 2019**

**Cost:** \$165/1week; \$295/2weeks

**Checks Payable to:** Arlington Catholic Volleyball

**Mail Checks to:** 36 Forest St., Stoneham, MA 02180  
C/O Coach Rachel Reis

**Questions?** Email Coach Reis: [CoachReis@aol.com](mailto:CoachReis@aol.com)

**FIRST COME, FIRST SERVE: MAXIMUM 30 ATHLETES**

Wear proper volleyball attire including knee pads/sneakers and bring plenty of water.

**\*\*\*Please drop off and pick up athletes in the rear of the building.\*\*\***

**DAYS ARE SUBJECT TO CHANGE DUE TO GYM SCHEDULING CONFLICTS.**

(Over) Please **PRINT** this side of form for **YOUR** records!

~ This flyer can also be found on the Arlington Catholic Website ~



## Please Print for Your Records

Name \_\_\_\_\_ Age \_\_\_\_\_

Middle School & Town \_\_\_\_\_

Home Address \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Email Address (neatly please!) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Circle Week:**      **1st Week**      **2nd Week**      **BOTH**

### Waiver Of Claims:

I, as Parent/Guardian, give permission for my child to participate in the Cougar Volleyball Camp 2019 and waive any claim that I might have against Arlington Catholic and the coaches of the camp.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

**Special Circumstances? (Allergies, Asthma, etc...)**

**Email Coach Reis: CoachReis@aol.com**