

# SUMMER 2023

## VOLLEYBALL CAMP

WITH MS. KATIE

Join us for a fun week of volleyball drills, scrimmages and games. This camp will be to learn basic skills for those interested in being on the TMA volleyball team next year, or for those just looking to have some summer fun!

### TIME

9:00 a.m. - 12:00 p.m.

### CAMP DATES

Mon., Wed., Thurs. & Fri.  
July 3rd, 5th, 6th & 7th (closed July 4th)

### FOR STUDENTS CURRENTLY IN GRADES

4th - 8th  
(during the 2022-23 school year)

### COST

\$85



Please complete registration form on reverse side.

# 2023 Volleyball Camp Registration Form

Child's Name \_\_\_\_\_ ( ) Male ( ) Female

Child's Birthdate \_\_\_\_\_ Child's 2022-2023 Grade Level \_\_\_\_\_

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

Please complete and return this form to The Montessori Academy front office, no later than June 23rd, with check payable to: The Montessori Academy

\_\_\_\_\_ JULY 3, 5, 6 & 7

\$85

### Office Use

pd. \$ \_\_\_\_\_ ck# \_\_\_\_\_

date \_\_\_\_\_ staff initials \_\_\_\_\_

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

### Parent/Guardian's Contact Information

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact Information

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

### Authorization and Consent for Medical Treatment

Child's Name \_\_\_\_\_

In the event that I am unable to be reached, I hereby authorize Ms. Katie Schrems to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_