



# CHIPPEWA FALLS CARDINALS YOUTH VOLLEYBALL CAMP

**June 10, 11, 12 @ Chippewa Falls High School**

- Session 1:** Girls and Boys entering grades 3-4: 8:00 - 9:30 am
- Session 2:** Girls and Boys entering grades 5-6: 10:00 - 11:30 am
- Session 3:** Girls and Boys entering grades 7-8: 1:00pm - 2:30pm

Cost: \$50 - Make checks payable to Chippewa Falls High School Volleyball

This camp will be hosted by Chippewa Falls High School Head Volleyball Coach, Luke Heidtke. The camp will focus on introducing and developing basic volleyball skills: serving, passing, setting, hitting. Players will also have the opportunity to develop teamwork, confidence, and leadership skills through the sport of volleyball. Most importantly...Campers will have FUN!

Campers may register the first day of camp, but to ensure a t-shirt for each participant registration form and check must be sent to the address below BEFORE May 15, 2024.

**Please send registration form and \$50 payment to:**

Chippewa Falls High School  
Attn: Luke Heidtke, Volleyball Coach  
735 Terrill St.  
Chippewa Falls, WI 54729

Participant Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Session (circle one): 1 2 3

T Shirt Size: YM, YL, S, M, L, XL

I do hereby release the Chippewa Falls High School and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, loss (personal property or other), or contraction/exposure to Coronavirus/COVID-19. Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the Chippewa Falls Volleyball Camp. I hereby authorize the staff of the Chippewa Falls High School Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention.

Parent/Guardian Signature: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_