

# 2019 ECS ELEMENTARY VOLLEYBALL CAMP

## WEEK 1

**WHO:** Girls & Boys K- 5th  
**WHEN:** APRIL, 23<sup>RD</sup>, 24<sup>TH</sup>, 25, & 26<sup>TH</sup>,  
**WHERE:** ECS GYM located at 8237 Beacon Blvd. Fort Myers, FL 33907  
**TIME:** 3:30pm – 4:45pm  
**COST:** \$40 or \$10 for EACH individual day -

## WEEK 2

**WHO:** Girls & Boys K – 5<sup>TH</sup>  
**WHEN:** APRIL 29<sup>TH</sup>, 30<sup>TH</sup>, MAY 1<sup>ST</sup>, & 2<sup>ND</sup>  
**WHERE:** ECS GYM located at 8237 Beacon Blvd. Fort Myers, FL 33907  
**TIME:** 3:30pm – 4:45pm  
**COST:** \$40 or \$10 for EACH individual day

## WHAT TO BRING:

Bring a drink or water bottle, tennis shoes, knee pads (optional), shorts, and t-shirt



## REGISTRATION

Camper's Name: \_\_\_\_\_  
Grade/School (SPRING 2019): \_\_\_\_\_  
Parent's Email address: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parent's Phone: \_\_\_\_\_  
Emergency Name and # (other than parent): \_\_\_\_\_

**You may pay with cash, credit card (at ECS business office only), or Make Checks payable to ECS. Please write "VOLLEYBALL CAMP" in the memo.**

### Business Office

Attending Lower School Camp Week 1: \_\_\_\_\_  
Attending Lower School Camp Week 2: \_\_\_\_\_  
**Registered Date:** \_\_\_\_\_  
**Paid Date:** \_\_\_\_\_  
**Payment Type:** \_\_\_\_\_

## MEDICAL RELEASE FORM

### Must be completed by Parent or Guardian

In the event that my child is injured or becomes ill while attending the 2019 ECS Sentinel Volleyball Camp, I give my permission for the staff to seek medical attention if deemed necessary under the existing conditions.

I release Evangelical Christian School, the coaching staff, and trainers from any claims from injuries sustained during the camp.

I also certify that my son/daughter is in good health and that he/she will notify staff members of any conditions that may impair his/her ability to participate in all camp activities.

### PLEASE SIGN BELOW

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

Date \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact

Phone \_\_\_\_\_