

*Lady Wolves Volleyball Camp*  
THE EIGHTH ANNUAL LADY WOLVES VOLLEYBALL CAMP  
Wednesday May 4<sup>th</sup>- Friday May 6<sup>th</sup>

For girls in 5<sup>th</sup> - 8<sup>th</sup> grade

Camp Staff

Alecia Parker Jeanna Talley Aimee Purser

Camp Hours

It will be held here at Rome Middle School in the gym Wednesday May 4<sup>th</sup> - Friday May 6<sup>th</sup>. Every day sessions will be from 4:00-6:00 pm.

Players need to bring: Water, Volleyball knee pads, tennis shoes

Daily Sessions:

Will include passing, setting, hitting, footwork, rotation, and scrimmage. The camp will be for students in grades 5th-8th grades. Students will learn the basics of volleyball along with some specialized skills.

Cost: \$50 includes T-Shirt (Checks made out to Lady Wolves Volleyball)

Mail to: Attn: Alecia Parker  
Lady Wolves Volleyball Camp  
1020 Veterans Memorial HWY  
Rome, GA 30161

Contact Information: Alecia Parker- [aparker@rcs.rome.ga.us](mailto:aparker@rcs.rome.ga.us) Jeanna Talley- [jtalley@rcs.rome.ga.us](mailto:jtalley@rcs.rome.ga.us)

Please return to Coach Parker by April 25<sup>th</sup> 2016 to be guaranteed a shirt. Late registration may not get a shirt cut & return with payment

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Player Name \_\_\_\_\_ Age \_\_\_\_\_ School & Grade \_\_\_\_\_

T-Shirt Size: **ADULT** SM MED LG                      **YOUTH** SM MED LG

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I give permission for my child to participate in all activities at the Lady Wolves Volleyball Camp. I release and agree to hold harmless any persons from claims in the events of an injury to my child. I, the undersigned for myself, heirs, executors, and administrators, waive, release, and forever discharge all Lady Wolves Camp Staff members, school officials, and administrators of Rome City Schools from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in the programs activities whether or not damages, injuries or loss is due to negligence. I give permission for members of the camp staff to obtain medical services for my child in case of a medical emergency or injury.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_