



# **Volleyball Skills Camp**



Conducted by Tracy Sedely

**Date:** June 15 - 19 and / or July 13 - 17

**Time:** 1:00 - 4:00

**Cost:** \$100 per week per player

**Age:** Boys and Girls Ages 8 - 15

**Place:** Dimmitt Community Center  
918 Osceola Road Belleair, FL

**Contact:** [tsedely@tampabay.rr.com](mailto:tsedely@tampabay.rr.com)

Work on your individual and team skills for volleyball by practicing drills, stations, and games.  
Each camper will receive a t-shirt.

Don't miss out, reserve your spot.  
Pre-register through email or register at the Dimmitt Community Center.

# VOLLEYBALL SKILLS CAMP

## Registration Form

Camp Dates: June 15 - 19 \_\_\_\_\_ July 13 - 17 \_\_\_\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Information:(Please Highlight)\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

T-Shirt Size ( Please Circle ) :

ADULT. Small Medium Large XLarge

YOUTH: Small Medium Large

Experience (Please Circle) Beginner Intermediate Advanced

Camp Fee \$100.00 per week

Paid \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_

*Please make checks payable to Tracy Sedely*

**Print Child's Name)** \_\_\_\_\_

I, the parent/legal guardian, of the named child on this form, do hereby assume all risks and hazards incidental to my child's participation in activities, use of equipment and facilities of the Town of Belleair's Recreation Department., and I do hereby agree to waive, release, absolve, defend and hold harmless Tracy Sedely, the Town of Belleair, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages losses or injuries of any kind, resulting from my child's participation in activities, use of equipment and facilities of The Town of Belleair's Recreation Department. This release includes a release for any and all losses or injuries arising out of any act or omission or negligence, either active or passive of the Town of Belleair, its employees, officers, agents, volunteers and elected officials. This is given and signed of my own free act and will.

(Signature of Parent or Legal Guardian) \_\_\_\_\_

Date: \_\_\_\_\_