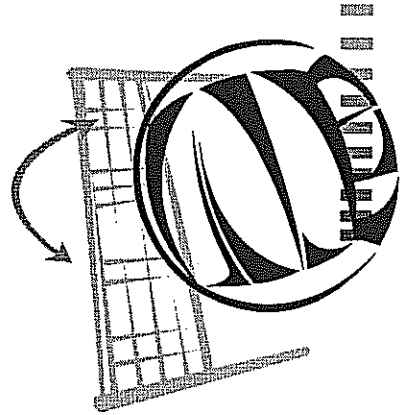


2010 Girls Volleyball Camp

The City of LeMars YMCA is excited to announce that the 2010 volleyball camp will once again be instructed by current volleyball players from Northwestern College. This camp will concentrate on instructing your child the basic fundamentals, skills, teamwork & knowledge of volleyball.

LOCATION: MAIN GYM
DURATION: AUGUST 9 - 11
DAYS: MONDAY - WEDNESDAY
CAMP TIME: 3RD - 5TH 9:00 - 11:00 AM
 6TH - 8TH 11:00 AM - 1:00 PM
DEADLINE: AUGUST 2
FEE: MEMBERS: \$35.00
 NON-MEMBERS: \$50.00



2010 LeMars YMCA Volleyball Camp Registration Form

Name: _____
 Male/Female: _____ Age: _____ Date of Birth: _____ / _____ / _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone (Day): _____ (Eve.): _____
 E-mail address: _____
 Emergency contact: _____ Telephone: _____

DURATION	LOCATION
August 9 th - August 11 th	LeMars YMCA Gymnasium

Camp Times: 9:00 - 11:00 am for 3rd - 5th grades
 11:00 am - 1:00 pm for 6th - 8th grades

Camp Fees: 3rd - 5th Grades
 YMCA Members: \$35 per participant
 Non-Members: \$50 per participant

6th - 8th Grades
 YMCA Members: \$35 per participant
 Non-Members: \$50 per participant

All registration forms must be received on/before August 2, 2010

I hereby release the LeMars YMCA, and the City of LeMars from any and all claims and liability of any kind of personal injury or property damages due to participation of this camp. I certify that my child is in good health and able to participate in all activities. If any attention is required for illness or injury I give my permission to a staff member for such care. I give consent for my child to be photographed, videotaped or filmed while participating in camp activities and for the resulting images to be used by the LeMars YMCA for promotional purposes. I understand that the LeMars YMCA will attempt to make up for any lost time due to exceptionally bad weather. However, if time cannot be made up, I understand that no refund will be provided. I have read and understand the above.

Any Health Problems/Medication? _____

Amount Enclosed: \$ _____

Parent Signature: _____

Please note the time, duration, and location for the Volleyball Camp before returning this form with payment to:

City of Le Mars YMCA
 241 12th St. SE
 PO Box 41
 Le Mars, IA 51031