

# Broome High School



## Volleyball Camp

June 6<sup>th</sup> 9am-12pm

Who: **Current 3<sup>rd</sup>-6<sup>th</sup> graders**

Where: **Broome High School Main Gym**

Cost: **\$20**

Includes: **Instruction from coaches and players and a snack**

The Broome High School volleyball camp will teach the fundamental skills of volleyball. Students will work on the forearm pass, setting, serving, and hitting. The camp will be instructed by the 3 volleyball coaches at Broome, as well as the JV and varsity teams. This will be a great opportunity for your player to learn about the game of volleyball and interact with the volleyball players at Broome. If you are interested in participating in the camp, mail the form and \$20 cash or check (if check make payable to Broome High School) to the address below or turn into Brooke Ridings. Forms must be turned in by May 25<sup>th</sup>. On June 6<sup>th</sup>, students will need to report to the main gym at 8:50 to check in and must have a ride to pick them up at 12. Bring a water bottle and wear athletic clothing.

If you have any questions, please email Brooke Ridings. [bridings@spartanburg3.org](mailto:bridings@spartanburg3.org)

Mail to:

Brooke Ridings  
150 McDowell St.  
Pacolet, SC 29372

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent Email: \_\_\_\_\_ Contact # \_\_\_\_\_

We/I give my permission for my child to participate in the 2018 Broome Centurion Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation, I will not hold the camp or its employees or Spartanburg School District Three responsible for any loss, damage or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_