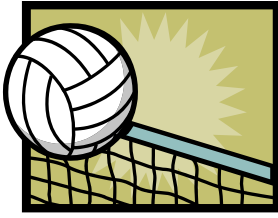


**2019 Lakers Volleyball Summer Camp**



**Grades: 6 – 9 (in fall 2019)**

**Program Leader:** Megan Giammalvo (ARHS volleyball varsity coach)

**Dates:** Monday – Friday (July 22 – 26)

**Time:** 9:30 a.m. – 12:30 p.m.

**Location:** Freetown Lakeville Middle School

**Recommended Equipment:** Knee Pads

**Total Fee:** \$105 (\$10 non-refundable fee plus \$95 camp fee)



This camp will expose participants to the fundamentals of volleyball. This will include learning the basic skills of the game (passing, setting, serving and hitting), in addition to the basics of game play. Participants are asked to wear athletic shorts, shirt and sneakers (and knee pads are recommended). Also, bring a water bottle and nut-free snacks. All campers will receive a camp T-shirt, water refills and freeze pops.

**To receive a camp T-shirt, the \$10 non-refundable registration fee and form must be submitted by Friday, June 14, 2019. Registration deadline and balance must be submitted by Friday, July 12, 2019.**

Any questions, contact Diane Czapiga, Campus Programs Director, at (508) 923-2000, Extension 1719 or e-mail: dczapiga@freelake.org.

Also, visit our website [www.freelake.org](http://www.freelake.org), [Parent & Community Tab, Campus Programs](#) link for summer camp information.

Online payment link: under Comm. Rec Campus Programs: [“UNIPAY”](#) website.

**2019 Lakers Volleyball Summer Camp (July 22- 26)**

Name: \_\_\_\_\_ Grade (in fall): \_\_\_\_\_ Online Payment: \_\_\_\_\_ or Check No. \_\_\_\_\_

Address: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Contact and #: \_\_\_\_\_

E-Mail (print clearly): \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

**Attending Kids Café after camp at 12:30 (Please circle) YES or NO / Attending Kids Café before Camp? YES or NO**

I hereby release and save harmless the towns of Freetown and Lakeville, the Freetown – Lakeville Regional School Committee and the Freetown – Lakeville Regional School District any and all liability for any injuries, loss, or other claims arising out of or resulting from or incurred during the use of school facilities and property by the person or persons identified above. I agree, by my signature, to abide by the rules of fair play and good sportsmanship policies of the Campus Programs Department.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Checks payable to FLRSD (Freetown-Lakeville Regional School District)**

Return Form & Payment to Diane Czapiga at Campus Program Department

**Mail to:** Diane Czapiga – 2019 Volleyball Camp

Campus Programs Department

112 Howland Road, Lakeville, MA 02347

(Office Use Only) \$10 Registration Fee Paid (Date): \_\_\_\_\_ Check #: \_\_\_\_\_

Date paid in full \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_