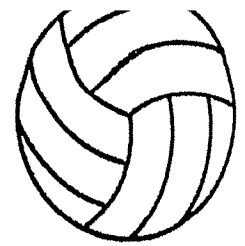


# IRENE-WAKONDA VOLLEYBALL CAMP



**THURSDAY, JUNE 11**

**FRIDAY, JUNE 12**

1<sup>ST</sup> - 2<sup>ND</sup> GRADES: 3-4 PM

3<sup>RD</sup> - 5<sup>TH</sup> GRADES: 4-5 PM

6<sup>TH</sup> - 8<sup>TH</sup> GRADES: 5-6 PM

(26-27 SCHOOL YEAR)

1<sup>ST</sup> - 2<sup>ND</sup> GRADES: 3-4 PM

3<sup>RD</sup> - 5<sup>TH</sup> GRADES: 4-5 PM

6<sup>TH</sup> - 8<sup>TH</sup> GRADES: 5-6 PM

(26-27 SCHOOL YEAR)

IRENE NEW GYM

PLEASE RETURN THE BOTTOM PORTION AND MONEY TO THE SCHOOL  
OFFICE BY THURSDAY, MAY 7<sup>TH</sup>

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PLAYER NAME \_\_\_\_\_ FALL 2026 GRADE \_\_\_\_\_

SHIRT SIZE (CIRCLE ONE): YOUTH MEDIUM, YOUTH LARGE, YOUTH XL,  
ADULT SMALL, ADULT MEDIUM, ADULT LARGE, ADULT XL, ADULT XXL

PARENT'S NAME \_\_\_\_\_

PARENT'S PHONE # \_\_\_\_\_

COST: \$40 - IW VOLLEYBALL FUNDRAISER-PLEASE MAKE CHECKS PAYABLE  
TO IW VOLLEYBALL.

WAIVER: I HEREBY AUTHORIZE THE IW VOLLEYBALL COACHES TO ACT FOR  
ME ACCORDING TO THEIR BEST JUDGEMENTS IN ANY MEDICAL  
EMERGENCY. I HEREBY WAIVE AND RELEASE SAID PERSONS FROM  
LIABILITY FROM INJURY OR ILLNESS INCURRED WHILE ATTENDING THE IW  
SUMMER CAMP.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_