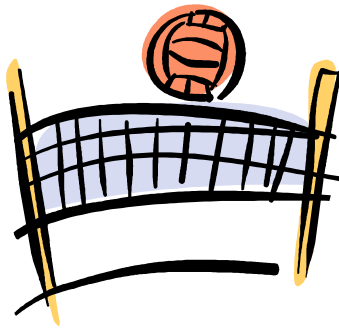


# Mayfield High School Volleyball

2009 District Champions  
2009 State Final Four  
2008 State Champions



## SUMMER CAMP

Time: 8 am - Noon

Dates: July 11 - 14

Cost: \$50 if received on or before July 4<sup>th</sup>  
\$55 on day of camp

**All campers receive a camp T-shirt!**

Send registration form and check made out to  
MHS Volleyball to:

Maribel Ramirez  
Camp of Champions  
1805 Stanton  
Las Cruces, NM 88001  
OR

Register morning of camp starting at 7:15 am.

## Registration Form

Player's Name: \_\_\_\_\_

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

Parent's Phone: (      ) \_\_\_\_\_

Grade Fall of 2011: \_\_\_\_\_ (6-9<sup>th</sup> Graders Welcome!)

Age: \_\_\_\_\_ Height: \_\_\_\_\_

Years/Type of Volleyball Experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**T-shirt Size (men's):** \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XLarge

*I understand by the nature of the activity that there is a possibility of an accident and assume the risk and responsibility while attending the MHS Volleyball Summer Camp. I, as parent/guardian of a minor camper, permit emergency care to be administered to her as deemed necessary by the Coach or Athletic Trainer. I will allow the involved hospital and/or doctor to administer the required treatment of the emergency conditions. I also understand that all incurred costs are my personal responsibility and that the MHS Volleyball Summer Camp does not have insurance coverage for injuries to sports participants.*

\_\_\_\_\_  
Parent/Guardian - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name - Printed  
**REQUIRED**



For more information on the volleyball camp, contact:

**Michael Sautter**  
Coach  
Cell: 644-4994

# Mayfield **Volleyball**



**2011**  
Summer Camp of Champions

Girls entering 6<sup>th</sup> - 9<sup>th</sup> grade welcome!

July 11 – 14, 8 am - Noon  
Mayfield High School Gym  
Home of the Trojans