

Millburn Summer Volleyball Camp

August 15, 16, 17, 18, 19 3:00-4:30

For boys and girls entering 5th, 6th, 7th, and 8th grades

Camp Fee: \$100

Camp Philosophy: Our goal is to teach the fundamentals and knowledge of the game of Volleyball. We will stress individual improvement, sportsmanship, and team play.

Camp Personnel: Millburn Volleyball Coaching Staff.

Location: The west gym located in the back of Millburn Middle School.

Registration: Please email Mr. Jazo: name, grade level and t-shirt size of camper(s)

Requirements: Each camper must wear clean soled tennis shoes. Every camper must have a ride home.

Questions: Feel free to email me at djazo@millburn24.net

Please bring this form and payment to camp:

Name _____ Entering Grade _____
Address _____ Ph# _____

T-Shirt Size: Ylrg AdSm AdMed AdL AdXL

Parent's Statement I hereby authorize the directors of the Millburn Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention. I accept full responsibility for liability and cost of treatment for the above registered person.

Parent's
Signature _____ Date _____

Make Checks Payable To: Dan Jazo

Millburn Summer Basketball Camp

August 15, 16, 17, 18, 19 4:45-6:15

For boys and girls entering 4th, 5th, 6th, 7th, and 8th grades

Camp Fee: \$100

Camp Philosophy: Our goal is to teach the basic fundamentals and knowledge of the game of Basketball. We will stress individual improvement, sportsmanship, and team play.

Camp Personnel: Millburn Basketball Coaching Staff.

Location: The west gym located in the back of Millburn Middle School.

Registration: Please email Mr. Jazo: name, grade level and t-shirt size of camper(s)

Requirements: Each camper must wear clean soled tennis shoes. Every camper must have a ride home.

Questions: Feel free to email me at djazo@millburn24.net

Please bring this form and payment to camp:

Name _____ Entering Grade _____
Address _____ Ph# _____

T-Shirt Size: Ylrg Ads Sm AdMed AdL AdXL

Parent's Statement I hereby authorize the directors of the Millburn Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I accept full responsibility for liability and cost of treatment for the above registered person.

Parent's
Signature _____ Date _____

Make Checks Payable To: Dan Jazo