

PALISADE HIGH SCHOOL



BUILDING FUTURE BULLDOGS

For more information about these camps,
please contact our head coaches
and camp directors:

Volleyball
Wendy MacAskill
palrocksvb@yahoo.com
970-216-6197

Girls Basketball
TBD

Boys Basketball
Clay Kame
clay.kame@d51schools.org
970-210-5978

PHS Athletic Office: 970-254-4800

To Register:

Send completed registration form with payment
(checks payable to Palisade High School) to:

Palisade High School
3679 G Road
Palisade, CO 81526
Attn: Volleyball OR Basketball

To guarantee receiving a camp gift:

register for Volleyball by May 24
register for Basketball by May 24

PALISADE BASKETBALL AND VOLLEYBALL



PALISADE

SUMMER CAMPS

VOLLEYBALL **CAMP REGISTRATION**

Name: _____

Address: _____

City/Zip: _____

E-mail: _____

Phone: _____

Grade in fall 2019: (please circle)

K 1 2 3 4 5 6 7 8

Emergency contact name/phone #: _____

I hereby authorize coaches of the Palisade Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp from all liability for injuries or death incurred by the above named participant while at camp.

Parent or legal guardian: _____

Date: _____

CAMP INCLUDES:

Instruction in all the fundamental sport skills and a camp gift.

CAMP INFORMATION

WHERE:

All camp sessions will be held at
Palisade High School

WHEN:

Volleyball

June 4 – June 6 (Tuesday-Thursday)

Boys and Girls entering grades:

K, 1st, 2nd, 3rd, 4th, 5th 1:00-2:30 pm

6th, 7th, 8th 3:00-4:30 pm

Basketball

June 3rd – 5th (Monday-Wednesday)

Boys and Girls entering grades:

K, 1st, 2nd, 3rd, 4th, 5th 9:00-10:30 am

6th, 7th, 8th 10:30 am – 12:00 pm

COST:

\$40.00 per camp

Camp gifts are not guaranteed
for late registrations

BASKETBALL **CAMP REGISTRATION**

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Phone: _____

Grade in fall 2019: (please circle)

K 1 2 3 4 5 6 7 8

Emergency contact name/phone #: _____

T-shirt size:

(Youth) S__ M__ L__

(Adult) S__ M__ L__ XL__

I hereby authorize coaches of the Palisade Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp from all liability for injuries or death incurred by the above named participant while at camp.

Parent or legal guardian: _____

Date: _____

CAMP INCLUDES:

Instruction in all the fundamental sport skills and a t-shirt.