

2024 - MILLARD WEST WILDCATS

# 9th-12th VOLLEYBALL CAMP



## HIGH SCHOOL VOLLEYBALL - ENTERING 9th - 12th GRADES

**DATES:** Monday, June 10<sup>TH</sup> – Tuesday, June 11<sup>TH</sup>  
**LOCATION:** Millard West High School | 5710 S 176<sup>TH</sup> Ave - Omaha, NE  
**TIME:** 12:45pm Check in begins | Camp 1:00pm – 3:00pm  
**COST:** \$60.00 - Payable to Millard West Volleyball - CHECKS ONLY / NO REFUNDS

(Registration fee includes MindFuel, Weights and Volleyball Skills Training)  
Any excess funds over camp expenses will be deposited into the Millard West Volleyball activity account to support the MW Volleyball Program.

*Complete the attached Application and return to:*

Joe Wessel – Volleyball Coach  
 Millard West High School  
 5710 South 176<sup>th</sup> Ave.  
 Omaha NE, 68135



For more information contact the Millard West Activities Office at (402)-715-6025



Cut & Return Bottom Portion

### --- MILLARD WEST WILDCAT VOLLEYBALL CAMP APPLICATION ---

Name \_\_\_\_\_ Phone \_\_\_\_\_

Fall 2024- Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

TShirt Size: S M L XL ParentEmail \_\_\_\_\_

Note: ALL CAMP PARTICIPANTS MUST HAVE THEIR OWN INSURANCE COVERAGE FOR ACCIDENT OR INJURY. MILLARD WEST DOES NOT PROVIDE COVERAGE FOR CAMP PARTICIPANTS. MILLARD PUBLIC SCHOOLS/MILLARD WEST CANNOT BE HELD RESPONSIBLE FOR INJURIES SUSTAINED AT CAMP.  
 My Child has Accident/Injury Health Insurance coverage and my permission to attend the Millard West VB Camp authorize camp personnel to treat my child for any injury that may arise during the camp and/or obtain the appropriate medical treatment necessary to treat my child for any medical condition that may arise during the camp. This may include authorizing the transport of my child to a hospital or medical care facility.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_