



# Riverside Academy Volleyball Camp

**Price: \$50**

**July 24th-25th  
8 A.M. - 12:30 P.M.  
Grades 3-8**

**@Riverside Academy Gym  
332 Railroad Ave. Reserve, LA  
70084**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Students must be covered by an existing health policy. We do not offer a camp accident insurance policy.

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_, to attend the above camp. In order that my child may receive necessary medical treatment in event of injury or illness, I hereby authorize the camp director to obtain medical treatment for such an injury or illness during camp, and I hereby hold, Riverside Academy, and their representatives harmless in the exercise of this authority.

I further acknowledge, understand, and agree that in participating in summer camp there is a possibility of physical illness or injury and that my child is assuming the risk of such illness or injury by her participation.

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

**- Campers should wear tennis shoes and bring knee pads.**

**For Questions Call:  
Head Coach-Brandi Melancon: 225-226-0399  
MS Coach- Maddie Duhon:504-462-0395**

- Please return form and money to RA in envelope marked RA Volleyball Camp or you may register at the door on the first day of camp.
- Make checks payable to Riverside Academy