



BERTHOUD SPARTANS

VOLLEYBALL CAMPS 2024

• **New this year: 2 different dates!**

WHEN

June 4th-6th, 2024
August 2nd-4th, 2024
9am – 11:30am

WHERE

**Berthoud High
School Gym**

850 Spartan Avenue, Berthoud, CO 80513

FEATURING: The highly skilled, super energized,
and amazing Spartan volleyball players and
the Spartan coaching staff.

**More Info: Contact Hayden Sweet @
hayden.sweet@tsd.org**

**EVENT FOR GIRLS & BOYS
ENTERING 4TH– 8TH GRADE**

PRE REGISTRATION

\$60 per player before May 17, 2024 for June Camp
\$60 per player before Jul 19, 2024 for August Camp
\$10 discount if paid in full for BOTH camps before May 17

**Please send a check to Berthoud High School. 685 Spartan
Avenue. Berthoud, CO 80513. Attention: Hayden Sweet**

LATE / AT THE DOOR REGISTRATION

**\$75 per player after May 17, 2024 for June Camp and July 19,
2024 for August Camp. Limited payment options may be
available at the door.**

REGISTRATION FORM

**Additional registration forms can be found at:
<https://berthoudspartans.org> under
"Fall"/"Volleyball"/"Varsity Volleyball"/"Camps"**

BERTHOUD SPARTANS VOLLEYBALL CAMPS 2024



Youth Camp Registration Form - 2024

Camp Information: Registering for June 4-6, 2024 August 2-4, 2024

Payment

- Included (\$60 per camper per camp, if prepaid for both camps, total is \$110 per discount)
- At the door (prices go up to \$75 per camper per camp)

Camper Information

Name _____ School Attending _____ Grade (24-25) _____

T-Shirt Size Youth: S M L Adult: S M L XL

* Note: Only one shirt will be given to each camper, even if attending both camps

Parent/Guardian Information

Name _____ Phone _____

Address _____ City _____ Zip Code _____

E-mail _____

Permission

My child has permission to participate in the Berthoud High School Volleyball Camp and I give the permission to render medical attention if necessary.

My insurance company is _____ Policy # _____

Liability Waiver and Release

I hereby release Thompson R2-J School District, Berthoud High School, and all coaches and or staff members from all liability, from any injury or illness that may result from my child's participation in camp. I certify that my child is in good health and can participate in all camp activities. In the event that I cannot be reached in a medical emergency, I hereby grant permission of the camp directors to act on my behalf in case of a medical emergency. I understand that Berthoud High Youth Camps do not provide camp medical insurance and that I am responsible for all medical expenses.

Parent Signature _____ Date _____