

Summer Volleyball camps will be available for 7th - 12th grade athletes looking to get extra instruction to be able to play in their respective category and season. These camps are designed to develop the skills essential to the game of volleyball. Athletes can expect instruction at their skill level, from beginner to advanced, with lots of repetition in a wholesome and uplifting environment. Camps are Co-ed. Players can attend any camp that fits their age group and category. Summer league is for experienced girls volleyball players that are interested in getting game time instruction and preparation for the upcoming season.

 Please complete the online registration form via QR codes or websites:

 June Elementary/JH Camp
 July JH/HS Camps

 Girls Summer League

 Girls Campe

 Girls Campe

Please contact Coach Melissa Price (melissaprice@alaschools.org) for more information or questions regarding the summer volleyball program.

Please detach and submit this section completed and signed with payment by June 1! Payments made after June 1st will be increased \$25 in order to accommodate t-shirt orders.

Please mark the session your athlete plans to attend and the total amount that is being included

June Sessions	July Sessions		Summer League (Girls)	
June 27-29 9-11am Elementary June 27-29 9-11am Junior High	July 12-14 (Beginner/Intermediate) July 12-14 (Advanced) July 19-21 (Beginner/Intermediate)		July 6 July 13 July 20	
\$75 per Camper	July 19-21 (Advanced) July 25-28 (Beginner/Intermediate) July 25-28 (Advanced)		July 27 July 27 \$15 per Player	
	1 Session (\$100 total) 2 Sessions (\$175 total) 3 Sessions (\$250 total)			
				TOTAL:
REGISTRATION PAYMENT: CASH OR CHECK		Cash or Checks made out to ALA Ironwood HS with Memo: HS Volleyball must be brought or mailed to the ALA Ironwood Front Office with ATTN: Athletics/Melissa Price		
Participants Name:		As a condition to precedent to participating in the ALA Ironwood Summer programs, the undersigned parent or legal guardian agree to maintain health insurance for my son or daughter while he/she participates in this program. If I do not maintain health insurance for my son or daughter, American Leadership Academy will not be held responsible or liable for any injuries.		
Grade: Parent/Guardian Name:				
 Parent/Guardian Signature 	Dai	Date		
City : State: Zip:		Emergency Contact	Em	ergency Contact Phone #