



# POWER CAMP 2022

**July 25-28**

Reedsville Elementary School  
(Panther Gym)

Designed to help players in grades 9-12 develop their individual skills, as well as team skills, Power Camp 2022 provides an excellent opportunity for players to work on all of their skills and prepare for their upcoming volleyball season.

**Register for Power Camp 2022 today!**



### Camp Schedule

Monday, July 25 through Thursday, July 28

Morning session: 8:30 a.m. to 11:30 a.m.

Lunch Break (lunch is not provided)

Afternoon session: 12:30 p.m. to 3:30 p.m.



### Camp Location

Reedsville Elementary School

Panther Gym

350 South Park Street

Reedsville, WI 54230

CAMP FEE  
**\$90**



*The camp fee includes 4 days  
of instruction from area  
coaches & a camp t-shirt.*

**Refund Policy:** There is a \$25 non-refundable fee for all campers. To receive a refund of the remaining balance of camp fees, a medical excuse or 2 weeks notice prior to the start of camp is required. There is a no-refund policy for no-show campers.

**Questions?** Contact Camp Director **Nick Hanson** at **(920) 367-3069**  
or by email at **powervbcamp@gmail.com**



Make checks payable to:  
**Reedsville Volleyball**

Return check and registration form to:  
**Power Camp 2022**  
**Attn: Nick Hanson**  
**340 Manitowoc Street**  
**Reedsville, WI 54230**

## Registration Form

Please return the completed form with camp fees no later than July 1, 2022.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ School: \_\_\_\_\_

Grade as of September 2022: \_\_\_\_\_ Age: \_\_\_\_\_

T-shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL (adult sizes)

**CAMP FEE** **\$90**

*The camp fee includes 4 days of instruction  
from area coaches & a camp t-shirt.*

### **Medical Information & Waiver**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_

☐ I certify that the participant listed above is in good physical condition and is physically able to participate at Power Volleyball Camp. Please list all conditions necessary (allergies, asthma, medications, etc...) below:

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☐ I hereby authorize the directors of the camp to act on my behalf in accordance with their best judgment in any emergency requiring medical attention.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_