

SEND REGISTRATION AND CHECKS PAYABLE TO:  
 KATIE CLEMENT  
 7140 BOOTLEGGERS DR.  
 HELENA, MT 59602  
 or  
 VENMO: @Katie-Clement-0  
 For more information:  
 email Katie Clement -  
 capitalbruinvb@gmail.com



# BROWN & GOLD RUSH VOLLEYBALL CAMP

Presented by CHS coaches & student athletes

July 15 - 17 Capital High School



K - 2 Grade	9am - 10am	\$35.00
3-5 Grade	10am - 11:30am	\$45.00
6-8 Grade	12pm - 2pm	\$65.00
9-12 Grade	2pm - 4pm	\$75.00

**Dress Up Themes**

**Mon:  
BRU Out**

**Tues:  
Crazy Socks**

**Wed:  
Camp Tee**

Fill out and return this section

**CAMPER'S NAME:** FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

**CAMPER'S SHIRT SIZE:** YOUTH SIZE: \_\_\_\_\_ ADULT SIZE: \_\_\_\_\_ **GRADE:** AS OF FALL 2024 \_\_\_\_\_

I understand that Capital High School, Bruin Volleyball, Katie Clement, Brown and Gold Rush Volleyball Camp, staff and athletes are not legally responsible for any injuries, illness, or death incurred while participating in camp. I hereby authorize the staff to act accordingly to their best judgment in any emergency requiring medical attention and admit my child for emergency care at the local hospital should an injury deem necessary. I acknowledge that Capital High School and the Brown and Gold Rush Volleyball Camp do not provide insurance for any child.

The following must be signed by a parent or legal guardian

Parent/Guardian Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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

Medical Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Second Contact (if needed): \_\_\_\_\_ Phone #: \_\_\_\_\_