MASON PUBLIC SCHOOLS
YOUTH VOLLEYBALL CAMP
2026

Date:	June 8 - 12	Grades:	Girls' only	9th - 12th	8:00 a.m. - 10:30 a.m. Mason High School
	Mon - Fri		Girls' only	6th - 8th	10:30 a.m. - 12:30 p.m. Mason High School
			Girls'/Boys'	5th - under	1:00 p.m. - 2:30 p.m. Mason High School

Cost: $50 includes t-shirt if payment received a week prior to camp. **Walk-ins Welcome**

Location: Mason High School Gymnasium

Staff: Mason High School volleyball coaches and players

Equipment: Workout clothes and appropriate athletic shoes

* * * * * * * * * * * * * * * * * * * *

Please make checks payable to: **Mason Public Schools**

Please send application and payment to:

Mason Volleyball
Mason High School
1001 S Barnes Street
Mason, MI 48854

Inquiries may be made by calling: (517) 676-6535

Youth Volleyball Camp

Athlete's Name_____ Age_____ Grade in the Fall _____

Guardian name _____ Phone _____

Address_____ Email _____

Insurance Co._____

t shirt size (child sizes) S M L XL circle one
t shirt size (adult sizes) S M L XL circle one

- ❑ Paid by check … check # _____ made payable: Mason Public Schools
- ❑ Paid by cash
- ❑ Paid by electronic payment via eFunds confirmation # _____ date _____

I wish to enroll in the following session of Mason Public Schools Summer Camp Program.
Circle grade enrolled in for the 2026-27 school year.

Date:	June 8 - 12	Grades:	Girls' only	9th - 12th	8:00 a.m. - 10:30 a.m. Mason High School
	Mon - Fri		Girls' only	6th - 8th	10:30 a.m. - 12:30 p.m. Mason High School
			Girls'/Boys'	5th - under	1:00 p.m. - 2:30 p.m. Mason High School

I hereby waive and release the Mason Public Schools, its camp director and any other persons connected with the camp, from any and all liabilities for injuries or illness incurred while my child is in attendance at one of the above mentioned summer camp sessions.

_____ _____ _____
Date **Applicant's Signature** **Parent/Guardian's Signature**

Zwick