

Liberty Union Volleyball Camp

July 17th, 18th, 19th, 20th



www.ctpartof.com · 1229755

Are you interested in learning more about the sport of volleyball? Improving and developing volleyball skills? Or just out to have fun? Join us for the Liberty Union Volleyball Camp this summer! We will be working on all the varied fundamental and complex skills of the sport of volleyball.

Campers will need to wear T-shirt, athletic shorts, socks and comfortable tennis shoes. A water bottle is also suggested.

Grades 3-6 - 8:30-10:15

and/or

Grades 7-8 - 11:00-1:00

1. Camper's Name _____ **Grade Entering** _____

T-Shirt Sizes Circle One Available: Youth S, M, L, XL & Adult S, M, L, XL

2. Camper's Name _____ **Grade Entering** _____

T-Shirt Sizes Circle One Available: Youth S, M, L, XL & Adult S, M, L, XL

Parent/Guardian: _____

Phone: _____ Email: _____

Cost:

- 🐾 Early Registration is \$40 per single camper and \$75 per any pair of siblings- Early Registration due by June 21st.
- 🐾 After June 21st is \$50 per single camper / \$85 per any pair of siblings- Camp shirt guarantee deadline is July 7th.

We will be accepting registrations the first day of camp. However, we cannot guarantee t-shirt availability.

Complete registration form and medical release and enclose check made out to Liberty Union Athletics.

Send to:

Liberty Union High School
500 W Washington St.
Baltimore, OH 43105
c/o Jenni Sage

Liberty Union
Medical Release

The law requires that parental permission be obtained for operative procedures on minors. The parents should sign the following consent form so that such procedures may be promptly carried out, and so that no unnecessary delay will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son or daughter.

Player Name: _____

Emergency Contact Name: _____

Emergency Contact Cell Number: _____

I certify that my child is medically qualified to attend the Liberty Union Athletic Camps. I hereby authorize the Liberty Union Athletic Camp staffs to act for me according to their best judgment in securing treatment for my child in any emergency requiring medical attention. I waive and release Liberty Union High School Athletic Camps and their staffs from any liability for any injuries and illness incurred while at camp.

Parent/Guardian Signature: _____

Date: _____

