



2017 LADY BULLDOG YOUTH VOLLEYBALL CAMP

July 10 – July 12

Bloom-Carroll Middle School Gymnasium

9:00 - 10:30 am 5th – 8th grade

11:00 - 1:00 pm 1st – 4th grade

WHO: Girls entering grades 1-8 for the 2017-2018 school year. Campers will be divided by age/ability level.

COST: \$50/camper. Each camper will receive a camp t-shirt.

Checks payable to: Bloom-Carroll Schools (BC Schools – Volleyball).

Cash and personal checks accepted. Registration accepted up until the first day of camp. Pre-registration guarantees that you will have your camp shirt the first day and may be done by mailing completed form (on the back of this page) and payment to:

**Bloom-Carroll Middle School
Attention: Volleyball Coach
Amber Harris
71 S. Beaver St.
Carroll, OH 43112**

INSTRUCTION:

Camp Director is Amber Harris, BCHS Varsity volleyball coach. Current BCHS players and coaching staff will also be helping with the camp. The camp will focus on all aspects of the game, with emphasis on fundamental skill development from the beginner to the more experienced player.

QUESTIONS:

For any questions, please contact Amber Harris - AHarris@bloomcarroll.org or 614-905-2000

"Great results require great effort!"

Check the volleyball website for all updated information/announcements at:

www.bloomcarrollathletics.org

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YOUTH VOLLEYBALL CAMP REGISTRATION INFORMATION

Camper Name: _____

School Grade in Fall: _____ Age: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact#: _____

Secondary Emergency Name and #: _____

Email: _____

Parent Cell #: _____

Please Circle T-Shirt Size: YS YM YL AS AM AL AXL

RELEASE

PERMISSION/MEDICAL RELEASE: The above student has my permission to attend the Bloom-Carroll Youth Volleyball Camp. I hereby agree that the camper above has been examined and found to be in good physical health. I have no knowledge of any physical impairment that would affect or be affected by this child participating in the camp. In addition, I agree that the camper is physically fit and able to take part in vigorous activity and should any illness or injury occur, I give consent to allow medical treatment for the participant. I am aware that any injuries that may occur during camp and I waive, release, and forever discharge Bloom-Carroll Local Schools, the Board of Education, the employees, and the camp authorities from any and all injuries. In addition, I understand that the camp authorities are not responsible for any accidents, medical or dental, incurred during the course of instruction given by staff, and said staff is to be held blameless. I also understand that cooperation and behavior are important and should the participant behave in any way deemed inappropriate, the camp coordinator may expel her from the camp and the fee will not be refunded. Once a fee is paid, there will be no refunds.

Parent/Guardian Signature

Date

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