THANK YOU TO OUR YOUTH CAMP SPONSORS: Kelly Abbott-HER Realtors, Allen Ankrom-HER Realtors, Megan Bell-E-Merge Real Estate, Natalie Morrison-E-Merge Real Estate, Stebelton Snider Law Firm, and Lacey Storts-HER Realtors

2019 LADY BULLDOG YOUTH VOLLEYBALL CAMP

June 24 – June 26

Meet in the Bloom-Carroll Middle School Gymnasium
3:00 - 5:00 pm - 1st – 4th grade
5:00 - 7:00 pm - 5th – 8th grade

WHO: Girls entering grades 1-8 for the 2019-2020 school year. Campers will be divided by age/ability level.

COST: $50/camper. Each camper will receive a camp t-shirt. Pre-registration guarantees that you will have your camp shirt the first day. Forms must be turned in **by June 21st**. Cash and personal checks accepted. Registration accepted up until the first day of camp.

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

Mail the 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. Volleyball 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 – Amber.Harris@bloomcarroll.org or 614-905-2000

"Great results require great effort!"

Check the volleyball website for all updated information/announcements at:
www.bloomcarrollathletics.org
Follow us on Twitter @ BCBulldogsVB

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2019 YOUTH VOLLEYBALL CAMP REGISTRATION INFORMATION

Camper Name: _____

School Grade in Fall: _____ Age: _____

Address: _____

City: _____ Zip: _____

Emergency Contact Name and #:_____

Secondary Emergency Name and #:_____

Parent 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 vigiorus activity and should any illness or injury occur, I give consent to allow medical tremtment 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 authroities 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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