

JUNIOR BULLDOG VOLLEYBALL CAMP 2018

Who: Girls and boys entering grades 4-8 in the fall of '18
What: A volleyball skills camp run by the High School Volleyball personnel, both coaches and players.
When: June 7th - 9th, 9:00am - 12:00pm
Where: High School Upper Gym (Check-in will be in the commons)
Cost: Until May 25th → \$65
After May 25th → \$75
How: Please send registration/waiver and payment to:

Checks payable: SMFHS



SMFHS ATHLETIC OFFICE c/o Girls Volleyball
3227 GRAHAM ROAD, STOW OHIO, 44224

Participant's Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **ZIP:** _____

Parent Email: _____ **Grade (Fall '18)** _____

Parent Phone: Cell _____ **Work** _____ **Home** _____

Emergency Contact (Name and phone): _____

School Fall '18: _____ **T - shirt size:** Youth-L Adult-S Adult-M Adult-L Adult-XL

Waiver / Exclusionary Clause

I, the undersigned parent/guardian, in enrolling at Junior Bulldog Volleyball Camp, understand that she; in attending any program and using the facilities, does so at his/her own risk. Junior Bulldog Volleyball Camp, its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she does hereby fully and forever release, discharge, and hold harm-less Stow High School Camp, Stow-Munroe Falls High School, and all associated facilities, and its associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any programs or use of its facilities. In addition, he/she agree(s) to follow the rules of play and conduct set by Stow High School Camp and Stow-Munroe Falls High School. He/she understand(s) that failure to do so may result in suspension from participation. I also give permission for the free use of my child's award's, name, picture, and/or likeness in any article, broadcast or other account of the volleyball program, including but not limited to, promotion of future events or other promotional use.

Consents: I, the undersigned parent/guardian of _____ (Participant's printed name) do hereby grant authority to the staff of Junior Bulldog Volleyball Camp to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Parent/Guardian Signature

Date