

2017 Berks Catholic "Vegas Gold" Summer Volleyball Camp for "Grade School" Girls (grades 4 - 8)

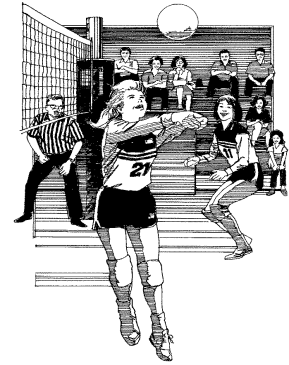
Monday, July 24th thru Thursday, July 27th, 2017

Who: *Girls, from any school, going into grades 4 thru 8 in Fall 2017*

Where: Berks Catholic High School Gym
955 East Wyomissing Blvd., Reading, PA 19611

Time: 8:30 am to Noon each day (the camp will start and end on time)

Cost: \$100 per player



General Information:

There will be multiple courts with nets.
Instruction will be provided by a combination of adult coaches, former high school players, and high school players

Camp Shirt

Each player will receive a camp shirt. Please indicate shirt size below.

Registration Information:

Please complete the form at the bottom of this page and return to:

Rick Fidler
791 North Church Road
Sinking Spring, PA 19608-9725

Telephone (610) 678-5742 email: RickFidler@comcast.net

Make check for \$100 payable to: **"Saints Volleyball"**

(Cut along this line)



Name: _____

2017 Season

Address: _____

City, State Zip Code: _____, _____, _____

Home Phone: (____) _____ **Work Phone (parent):** (____) _____

EMAIL Address _____ **School:** _____

Birth Date: ____/____/____ **Grade Sept. 2017:** _____

Camp Shirt Size (check one): YOUTH: MED ___ or LG ___ or ADULT: SM ___ MED ___ LG ___ or XL ___

Parent/Guardian Consent:

I realize that volleyball is a physically demanding activity. I understand that my child must act responsibly for themselves and toward other participants in the camp. I understand that participation in this volleyball camp involves certain inherent risks and that, regardless of the precautions taken some injuries may occur. The injuries include, but are not limited to: contusions, cramping, abrasions, sprains, strains, dislocations, fractures, head injuries, and neck injuries. These injuries may result from various hazards, such as failure to warm-up properly, hitting the floor incorrectly to make a play, jumping and landing on another player, running into a wall or the bleachers trying to play a ball or being hit in the head by a ball. The likelihood of such injuries may be lessened by adhering to the safety rules set by the coaches. In order to properly protect my own child's safety and that her fellow participants, I agree to instruct my child to immediately report any deviations from the safety rules as well as any observed hazardous conditions or equipment to the coaches. I further certify that my daughter's present level of physical condition is consistent with the demands of active participation in volleyball

Please list **ALL** of your daughter's health conditions that may affect her ability to fully participate in this volleyball camp: (use the back of this form if needed)

If have carefully read and understand the Consent information and requirements. I have had the opportunity to ask questions and have them answered. I understand the risks associated with my daughter's participation in volleyball and I am voluntarily asking permission for them to participate.

Parent or Guardian Signature

____/____/____
Date

Physician's Name

Print Parent or Guardian Full Name

(____) ____ - ____
Physician's Phone #