



# JACKSON

## Volleyball



## Jackson Girls Volleyball Youth Camp 2022

Monday, June 6th – Thursday, June 9th

### Session 1

3rd and 4th grade

8:15-10:00 am

### Session 2

5th and 6th grade

10:15 am-12:00 pm

### Session 3

7th, 8th and 9th grade

1:30-3:30pm

### Location:

Jackson High School:

7600 Fulton Dr NW, Massillon, OH 44646

Cost: \$50 for all sessions

### What to bring:

athletes should bring a water bottle and wear athletic clothes and shoes

### Questions –please contact:

Mary Kate Agona –

330.201.3591 or [mka2jc@jackson.sparcc.org](mailto:mka2jc@jackson.sparcc.org)

Camp registration closes on May 27th

\*This flier was paid for by the Jackson Girls Volleyball Booster Club

\*\*All coaches have been FBI background checks

Please fill out this portion and send this form along with payment to:

Jackson Girls Volleyball

7600 Fulton Dr. NW Massillon, Ohio 44646

Attn: MaryKate Agona

\*\*checks can be made out to: JHS Bears Volleyball Club

Athlete's name: \_\_\_\_\_

Athlete's address:

\_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's phone number: \_\_\_\_\_

Guardian's email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

emergency contact phone number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_

I give permission for my child's photo to be taken: YES \_\_\_\_\_ NO \_\_\_\_\_

Grade in fall: \_\_\_\_\_

T-shirt size (circle one): YS, YM, YL adult S, M, L, XL

EMERGENCY MEDICAL RELEASE \* This form must be signed and returned for registration in the camp to be completed. \* Since all of our clinic/camp participants will be under the age of 18, it is necessary that our athletic trainer and camp staff have parental permission to administer treatment in the event of an accident or sudden illness. This is only granting permission for basic first aid treatment. In the case of a serious accident or illness the appropriate authorities will be contacted. \* I hereby authorize any medical treatment, which may be advised or recommended by the attending athletic trainer and/or coach. \*

Please list any allergies and/or illnesses or injuries of which we should be aware: RELEASE & WAIVER OF LIABILITY Please read carefully before signing The undersigned hereby acknowledges that participation in this camp/clinic and related activities involves an inherent risk of physical injury, and the undersigned on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defect in the premises. I hereby state that I am the legal guardian of said child.

Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_