

2019 COVINGTON LADY BUCCS VOLLEYBALL CAMP



Registration Form

Camp dates: June 17, 18, 19, 20 (9:00 - 12:00 and 1:00 - 3:00) - bring your lunch, drinks will be provided.

Location: Covington K-8 gym

**Questions contact: Lonnie Cain 937-573-8118,
Lori Smith 937-541-8740 or Stephanie Robinson at 937-418-0421**

Please print or type all information requested.

NAME _____ grade level on August 1st: _____

ADDRESS _____

PARENTS NAME(S) _____

CELL PHONE #1: _____ CELL PHONE #2: _____

SHIRT SIZE: YS YM YL ADULT SIZES: AS AM AL AXL

Make checks payable to: **Covington Schools** (write Volleyball Camp on memo line)

cash _____ check number

Return this registration form and \$60 to Mrs. Robinson, High School Athletic office, by **May 20th** to receive a t-shirt, you may also send to:

**Covington High School
High School Volleyball Camp
807 Chestnut Street
Covington, Ohio 45318**

*All high school athletes need a physical from a doctor **BEFORE** mandatory practices begin on August 1st.

~ NO VACATIONS IN AUGUST ~

Bring appropriate footwear and knee pads. Wear school appropriate T-shirt.

PARENT PERMIT FOR ATHLETIC PARTICIPATION

I hereby grant permission for my daughter,

(First & Last Name)

To participate in the Summer Camp OR Any summer activities.

One of the following statements must be answered in the **affirmative** to complete this permit:

___ **Yes**, I have adequate insurance to cover medical expenses, if needed.

___ **Yes**, I will assume all responsibilities for medical expenses without the benefit of insurance.

WE HEREBY GIVE CONSENT TO THE COACHES OF COVINGTON SCHOOLS TO SECURE TREATMENT AT THE BEST AVAILABLE HOSPITAL IN CASE OF INJURY.

WE FURTHER GIVE CONSENT FOR THE HOSPITAL OFFICIALS OR DOCTORS TO TAKE NECESSARY ACTION TO PROVIDE THE BEST TREATMENT UNTIL WE ARE IN CONTACT WITH THE PARENTS.

- RETURN WITH CAMP FORM