

2019 COVINGTON LADY BUCCS YOUTH VOLLEYBALL CAMP



Registration Form

Camp dates: June 25, 26, 27 (1:00 – 3:00)

Grades: 3, 4, 5 and 6 (on August 1st)

Location: Covington competition gym (new gym)

Questions contact: Lonnie Cain 937-573-8118 or Stephanie Robinson at 937-418-0421

Please **print** or type all information requested.

NAME _____

grade level on August 1st: _____

ADDRESS _____

PARENTS NAME(S) _____

PHONE (home/cell) _____

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

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

cash _____ check number

Return this registration form and \$30 to Mrs. Benson, Elementary School Secretary, by **May 20th** to receive to a t-shirt, you may also send to:

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

- **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 /League 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