



2024

SJCC VOLLEYBALL SUMMER CAMPS

4th, 5th & 6th Grade

**Monday, July 15 thru Wednesday, July 17 (3 days!!!)
8:00am - 10:00am**

\$30 payable to SJCC - includes a camp t-shirt

7th & 8th Grade

**Monday, July 15 thru Wednesday, July 17 (3 days!!!)
10:00am - 12:00m**

\$50 payable to SJCC - includes a camp t-shirt

This is a GREAT OPPORTUNITY to:

- **HAVE FUN!!!**
- **LEARN MORE ABOUT THE GAME!!!**
- **IMPROVE YOUR VOLLEYBALL SKILLS!!!**

CAMPS WILL BE HELD IN THE THUNDERDOME!!!

(SJCC High School Gymnasium)

**Campers should enter the platform entrance
in the new St. Joseph Parish Parking Lot**

Paul Grahl, Head Coach

Cellphone: 419-307-0861

E-mail: sjccvolleyball@yahoo.com

**SJCC VOLLEYBALL CAMP
REGISTRATION AND WAIVER FORM**

Make checks payable to: SJCC (4th/5th/6th - \$30; 7th/8th - \$50)

Student's Name:	
Student's Date of Birth:	
Grade (Fall 2024)	
T-shirt Size (Circle One)	
Youth	S M L XL
Adult	S M L XL
Address:	
Parent Name:	
Parent Phone:	
Parent E-mail:	

Waiver of Liability:

I, as the parent/legal guardian of the above named student in consideration of my daughter's application being accepted, intending to be legally bound, do hereby waive, release and forever discharge Bishop Hoffman Catholic School, the Diocese of Toledo, it's employees, coaches, or volunteers from all rights and claims for damages, injury, loss of person or property which may be sustained or occur during participation in camp activities. Further, I attest the above named applicant's health insurance exam within the past year, BHCS reserves the right to refuse admission to any student at any time it is in the best interest of the camp or participants.

Medical Consent:

In the case of a medical emergency and reasonable attempts to contact me have been unsuccessful, thereby give my consent for (1) administration of any treatment deemed necessary by a licensed medical professional, and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for each surgery, are obtained prior to the performance of such surgery. Facts concerning the above named student's medical history, including allergies, medications being taken and any physical impairment(s) to which a licensed medical professional should be alerted:

Parent/Legal Guardian Signature:	
Date:	

Please return registration/waiver form with payment to school office by Friday, May 31