



OPJH Volleyball

2017 Camp Information

Contact Caitlyn Hayes with any
questions at
Caitlyn.hayes@myoneclay.net

CAMP

June 21-23, 2017 @ OPJH
Gymnasium
9:00 AM - 12:00 PM
\$40.00 per player

CAN BE PAYABLE BY CASH TO
FRONT OFFICE
OR ONLINE
@REVTRAK ON OPJH WEBSITE

Due by June 19th 2017

Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Grade Entering Fall 2017: _____

Parent Name: _____

Phone #: _____

What to Bring: Water, knee pads, athletic clothes, and tennis shoes

What to Expect: Participants will be challenged by drills and games designed for a wide range of abilities. Workouts and exercises will be incorporated throughout the camp to increase skill level and fitness for volleyball.

OPJH Waiver

I (We) the parents of _____,

Consent to have the **OPJH Coaches** act on our behalf should an emergency situation arise, and I (we) grant them permission to **authorize** medical attention recommended by the physician or hospital. I (We) accept full responsibility for expenses incurred in any diagnoses or treatment of any accident, injury or illness. It is understood that this authorization is given in advance or any specific authority and power to render care with the aforementioned physician, in the exercise of his or her best judgment, may deem advisable. It is understood that efforts shall be made to contact me (us) in rendering treatment to my (our) child, but that any of the treatment will not be withheld if I (we) cannot be reached. This authorization is valid for treatment of emergencies when I (we) am not available to give consent.

I (We) certify that my (our) child, _____, is covered by a medical insurance policy and therefore, will be covered in case of any injury incurred while participating in this clinic.

Signature of Parent(s): _____ Date: _____

_____ Date: _____