

Liberty Union Volleyball Camp- 2022

July 25, 26, 27, 28

SUMMER IS FINALLY HERE! And it is time for some volleyball!
Join us for camp to learn the fundamentals of volleyball plus to
advance your skills in competitive play! It is so much fun!!!



Campers will need to wear T-shirt, athletic shorts, socks and
tennis shoes. A water bottle is strongly encouraged. Location is
the Liberty Union High School, Del Barr Gymnasium.

Grades 3-5 - 8:30-10:30 and/or **Grades 6-8 -11:30-1:30**

1. Camper's Name _____

Grade Entering _____ Shirt Size Youth Sm, Md, Lg & Adult Sm, Md, Lg, XL

2. Camper's Name _____

Grade Entering _____ Shirt Size Youth Sm, Md, Lg & Adult Sm, Md, Lg, XL

Parent/Guardian: _____

Phone: _____ Email: _____

Cost:

- **Early Registration** is \$40 per single camper and \$75 per any pair of siblings-
Early Registration due by June 30th.
- **After July 1st** is \$50 per single camper / \$85 per any pair of siblings- Camp
shirt guarantee deadline is July 1st.

We will be accepting registrations the first day of camp. However, we cannot guarantee t-shirt availability.

Complete registration form, medical release and enclose check made out to Liberty
Union Athletics.

Send to:

Liberty Union High School c/o Jenni Sage
500 W Washington St.
Baltimore, OH 43105

Liberty Union
Medical Release

The law requires that parental permission be obtained for operative procedures on minors. The parents should sign the following consent form so that such procedures may be promptly carried out, and so that no unnecessary delay will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son or daughter.

Player Name: _____

Emergency Contact Name: _____

Emergency Contact Cell Number: _____

I certify that my child is medically qualified to attend the Liberty Union Athletic Camps. I hereby authorize the Liberty Union Athletic Camp staffs to act for me according to their best judgment in securing treatment for my child in any emergency requiring medical attention. I waive and release Liberty Union High School Athletic Camps and their staffs from any liability for any injuries and illness incurred while at camp.

Parent/Guardian Signature: _____

Date: _____