



Mid-Carolina Youth Volleyball Camp



When: July 15-17, 2024 9am - Noon

Who: All girls entering 3rd, 4th, and 5th grade

What: This camp is focused on teaching the fundamentals of volleyball.

Where: Mid-Carolina High School

Coaches: Mid-Carolina High School Volleyball Coaches and HS Players

Cost: \$60. Includes a camp t-shirt for those registered by July 1

Questions: E-mail Coach Mike at: midcarolinavbcoach@gmail.com

PROCEEDS FROM THIS CAMP BENEFIT THE MID-CAROLINA GIRLS
VOLLEYBALL PROGRAM

To Register Complete this Form or Click Here:

<https://newberry.hometownticketing.com/embed/all>

Participant's Name: _____ Date of Birth: ____/____/____ Age: ____ Grade: ____

Parent/Legal Guardian Name(s): _____

Mailing Address: _____ City: _____ Zip: _____

E-MAIL: _____ Home Phone: _____ Work Phone: _____

Cell1: _____ Cell2: _____

Insurance Co: _____ Policy/Card # _____ Phone: _____

Participant Shirt Size (Please Circle): **YS YM YL AS AM AL**

PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:

In signing up and participating in this camp, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the County of Newberry, the Newberry County School District, and its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff/volunteer coaches to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel.

I understand I am responsible for my own medical coverage and all costs incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by the County of Newberry to promote the County's events without compensation and without additional approval.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER.

Parent or Legal Guardian Signature: _____ Date: _____