

# LOGAN ELM VOLLEYBALL CAMP

**Dates & Time:** July 24-26, 2018, 9:00 AM - 11:00 AM

**Grades:** 4-6

**Location:** McDowell Gymnasium

**Cost:** \$30.00

**Make Checks Payable to:** Logan Elm Volleyball

**Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

<b>T-Shirt Size:</b>	<b>Youth</b>	<b>Adult</b>
	<b>S - M - L</b>	<b>S - M - L - XL</b>

I hereby desire that my child (who is under 18 years of age) participate in volleyball camp and by execution of this release, I acknowledge and agree that all the requirements, directions, supervision, and standards set by the directors of this program shall be established for his benefit. I voluntarily assume all risk of accident or injury to my child that may arise out of his/her participation in this program, hereby intending to release the Logan Elm Local School and the personnel associated with this program from liability that may result from his/her participation.

\_\_\_\_\_  
(Signature of Parent/Guardian) Date

**Pre-Registration Requested by July 17th (mail to):**

**Coach Aaron Ridenour**

**10981 US Highway 22**

**Williamsport, OH 43164**

**email: aride225@gmail.com**

**Late registration: First day of camp.**