

2017 COVINGTON LADY BUCCS JUNIOR HIGH VOLLEYBALL CAMP



Camp Dates: June 12,13,14 and 15
Camp Times: 9:00 AM to Noon
Grades: **Current** 6th and 7th Graders
Location: Covington High School Gym

Please **print** all information requested.

NAME _____ CURRENT GRADE: 6 7
(Circle)

STREET _____

CITY _____ ZIP _____

PARENT NAME(S) _____

CELL PHONE #1: _____ CELL PHONE #2: _____

T-SHIRT SIZE (Circle) YOUTH SIZES: YS YM YL ADULT SIZES: AS AM AL AXL

Make checks payable to: **Covington Schools**

Return this registration form, and \$20 to Mrs. Robinson, Jr. High School Secretary by **May 24** to receive a T-shirt at camp.

OR send to:

**Covington High School, Attention Marti Cain
Junior High Volleyball Camp
807 Chestnut Street
Covington, Ohio 45318**

*All junior high athletes need a physical from a doctor **BEFORE** they can participate in any practice. Volleyball practice begins on August 1st. It would be best to get this done **BEFORE** camp (June 20) and turn in all paperwork on the first day of camp.

Required Dress for Camp:

School appropriate T-shirt (with sleeves) NO TANK TOPS
Athletic shorts
Socks and tennis shoes

Questions Contact:

7th Grade Coach Marti Cain: cainm@covingtonk12.org Cell Phone: 937.573.8138

PARENT PERMIT FOR ATHLETIC PARTICIPATION

I hereby grant permission for my daughter,

(First & Last Name)

To participate in the Summer Camp /League OR Any summer activities.
One of the following statements must be answered in the **affirmative** to complete
this permit:

___ **Yes**, I have adequate insurance to cover medical expenses, if needed.

___ **Yes**, I will assume all responsibilities for medical expenses without the
benefit of insurance.

WE HEREBY GIVE CONSENT TO THE COACHES OF COVINGTON SCHOOLS TO SECURE TREATMENT
AT THE BEST AVAILABLE HOSPITAL IN CASE OF INJURY.

WE FURTHER GIVE CONSENT FOR THE HOSPITAL OFFICIALS OR DOCTORS TO TAKE NECESSARY
ACTION TO PROVIDE THE BEST TREATMENT UNTIL WE ARE IN CONTACT WITH THE PARENTS.

- RETURN WITH CAMP FORM