

2017 COVINGTON LADY BUCCS YOUTH VOLLEYBALL CAMP



Camp Dates: June 12,13 and 14
Camp Times: 1:00 PM to 3:00 PM
Grades: **Current** 3rd, 4th and 5th Graders
Location: Covington High School Gym

Please **print** all information requested.

NAME _____ **CURRENT GRADE:** 3 4 5
(Circle)

STREET _____

CITY _____ ZIP _____

PARENT NAME(S) _____

CELL PHONE: _____ HOME PHONE: _____

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. Benson, Elementary School Secretary by **May 24**
to receive a T-shirt at camp.
OR send to:

**Covington High School
Lonnie Cain
Youth Volleyball Camp
807 Chestnut Street
Covington, Ohio 45318**

Required Dress for Camp:

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

Questions Contact:

Lonnie Cain 937-573-8118
Lori Smith 937-541-8740
Stephanie Robinson - 937-418-0421

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