

JACKSON POLAR BEAR VOLLEYBALL CAMP 2021



TWO SESSIONS

Session I: Grades 4-6

June 21—24, 2021

8:30 am—10:30 am

Session II: Grades 7-9

June 21—24, 2021

11:00 am—1:00 pm

LOCATION

JACKSON HIGH SCHOOL

7600 FULTON DR. N.W.

MASSILLON, OHIO 44646

Camp Information

The Camp will be under the direction of Jackson Varsity Volleyball Coach Cortney Goodwin and the volleyball staff. The Camp offers instruction of fundamental skills and team skill development. Athletes will be grouped by playing ability and age for best possible experience. Instruction will include passing, setting, attacking, serving, defense, challenging drills, and team strategy.

*** Our employees are FBI and/or BCI background check**

*** Equipment:** Athletes need to bring a water bottle, gym shoes and gym attire.

***Cost:** \$50 for Session I Grades 4-6

\$50 for Session II Grades 7-9

***Please make checks payable and mail registration to:**

Jackson Girls Volleyball
7600 Fulton Dr. NW
Massillon, Ohio 44646
Attn: Cortney Goodwin

***Camp typically closes out, register early. Deadline: May 28, 2021**

***Questions:** Please email cortneymgoodwin@gmail.com or call 330-447-6777

POLAR BEAR VOLLEYBALL CAMP REGISTRATION FORM

(Please be sure to complete the following forms and return.)

*NAME: _____

*ADDRESS:

*CITY: _____ *ZIP CODE: _____

*GRADE ENTERING IN THE FALL OF 2021: _____

*T-SHIRT SIZE: (Please Circle) Adult S M L XL or YOUTH LARGE

*MOTHER'S NAME: _____

*PHONE #1: _____

*PHONE #2 _____

*FATHER'S NAME: _____

*PHONE #1: _____

*PHONE #2 _____

*Email Address: _____

***EMERGENCY CONTACT (In case a parent cannot be reached)**

NAME & RELATION TO ATHLETE:

PHONE #1: _____

PHONE #2 _____

EMERGENCY MEDICAL RELEASE

* This form must be signed and returned for registration in the camp to be completed.

* Since all of our clinic/camp participants will be under the age of 18, it is necessary that our athletic trainer and camp staff have parental permission to administer treatment in the event of an accident or sudden illness. This is only granting permission for basic first aid treatment. In the case of a serious accident or illness the appropriate authorities will be contacted.

* I hereby authorize any medical treatment, which may be advised or recommended by the attending athletic trainer and/or coach.

* Please list any allergies and/or illnesses or injuries of which we should be aware:

RELEASE & WAIVER OF LIABILITY

Please read carefully before signing

The undersigned hereby acknowledges that participation in this camp/clinic and related activities involves an inherent risk of physical injury, and the undersigned on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defect in the premises. I hereby state that I am the legal guardian of said child.

Date: _____

Signature of Participant

Signature of Parent/Guardian

Signature of Parent/Guardian