



When: June 18-21. Monday-Thursday from 9-11:30am
Where: Kirtland Elementary Gym
Cost: \$65 per participant (family rate - \$50 per sibling)
Who: Kirtland students entering grades **4-8**.

Kirtland Volleyball Camp will teach basic volleyball skills for those new to the game, and continuing skills for those that have been in attendance previously. We will teach skill and game basics, as well as, more advanced skills for the players entering middle school. For those in middle school currently, we will work on more advanced skills to ready them for the high school game.

All participants will receive a Kirtland Volleyball Tee Shirt.

Program will be coached by Kirtland Volleyball staff, as well as, players from the Kirtland High School Volleyball program.

Contact Bob Schenosky (440-477-8758), or email jjkb5@juno.com with questions. Please make checks payable to **Kirtland Board of Education** and fill out attached registration form.

Please mail registration materials to Bob Schenosky, 1429 Wagar Ave. Lakewood, OH 44107

Proceeds to benefit the Kirtland School Volleyball program.

KIRTLAND VOLLEYBALL REGISTRATION FORM SUMMER 2016

PARTICIPANT INFORMATION

Name: _____ Age: _____

Address: _____ City: _____

Grade in the fall: _____ School: _____

T Shirt Size **Youth: M or L Adult: S M L XL** (Please circle size)

EMERGENCY CONTACT INFORMATION

Mother Name: _____ Cell or Home Phone # _____

Father Name: _____ Cell or Home Phone # _____

Doctor Name: _____ Phone # _____

Dentist Name: _____ Phone # _____

Email Address: (only to communicate info if necessary): _____

MEDICAL RELEASE

I, _____ (Parent name), grant permission to the coaches of the Kirtland Volleyball Program to seek appropriate medical treatment for my minor child, _____ (Child name), should any accident or injury occur during the Kirtland Volleyball Program and I am absent.

WAIVER

I give permission for my child _____ (Child name) to participate in the Kirtland Volleyball Program and agree to waive any and all claims against the Kirtland School system, it's board members, administrators, officers, employees, coaches, agents and volunteers for any and all claims related to injuries that my child may sustain while participating in any Kirtland Volleyball Program.

Date: _____ Parent Signature: _____