

BUMP IT UP!

3RD & 4TH GRADE VOLLEYBALL CAMP **Led by Red Oak Varsity Coach Angie Montgomery** **@ THE MONTGOMERY CO. FAMILY YMCA**

This mini camp has been designed for elementary aged students entering 3rd & 4th grade with a focus on development of fundamentals and enthusiasm towards the game of volleyball. Red Oak Varsity Coach Angie Montgomery and her assistant coaches will direct the camp and members of the 2018 Red Oak High School Volleyball team will assist

WHEN

4:30 - 5:30 PM, Wednesday & Thursday,
August 8th & 9th

COST

Early Bird Registration (By Aug. 4th):

- \$10

After August 4th:

- \$20

REGISTRATION

Online: www.MCYMCA.com/OnlineRegistration
Or return the form on back to the YMCA

**Program Financial Assistance Available -
Apply @ The Y!**

**In Cooperation with The City of Red Oak Park
and Tree Board**





FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY



3RD- 4TH GRADE SUMMER GIRLS VOLLEYBALL CAMP

Return to the YMCA at 101 E Cherry Street, Red Oak, Iowa

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: ___/___-___ E-Mail: _____

Parent Work # & Name: ___/___-___ _____

Grade entering 2018-19 School Year ____ Birth date: ___/___/___

Medical Insurance Company/ Policy Number: _____

Allergic reactions or Medications Currently Taking: _____

Any past illnesses or other information that would be useful in the event medical treatment is necessary:

**Cost: Early Bird Discount by August 4th
 \$10.00**

**After August 4th
 \$20.00**

CONSENT TO PARTICIPATION

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **Montgomery County Family YMCA's Volleyball Camp** does/do hereby consent to the child's participation in the activity.

The potential risks of participation include, but are not limited to, the risk of injury to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury to the child by reason of the child's participation in the activity.

THE UNDERSIGNED provide the following contact information to obtain consent to treat the child in the event of injury or illness during participation:

 Name (Parent/Guardian) Address Telephone No.

If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

 Parent/Guardian Signature Print Name Date