



# SERVE & PASS IT UP

## 5TH & 6TH GRADE VOLLEYBALL CAMP Led by Red Oak Varsity Coach Angie Montgomery AT MONTGOMERY COUNTY FAMILY YMCA

This two-day camp is designed to teach & review skills for girls entering the 5th & 6th grade in fall of 2018. Red Oak Varsity Coach Angie Montgomery and her assistant coaches will direct the camp. Members of the 2018 Red Oak High School Volleyball team will assist and demonstrate various drills.

### WHEN

2:45 - 4:15PM Wed. & Thurs., Aug. 8th & 9th

### COST

Early Bird Pricing—Register by August 4<sup>th</sup>  
\$15.00

Pricing After August 4<sup>th</sup>  
\$30.00

### REGISTER

Online: [www.MCYMCA.com/OnlineRegistration](http://www.MCYMCA.com/OnlineRegistration)  
Or return the form on back to the YMCA

### PROGRAM FINANCIAL ASSISTANCE AVAILABLE

In Cooperation with the City of Red Oak Park & Tree Board.

### MONTGOMERY COUNTY FAMILY YMCA

101 E. Cherry St, Red Oak, IA 51566  
P 712-623-2161 F 712-623-4920  
[www.mcyymca.com](http://www.mcyymca.com)





FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY



## 5th-6th 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: \_\_\_\_\_

<b>Cost:</b>	<b><u>Early Bird Discount by August 4<sup>th</sup></u></b>	<b><u>After August 4<sup>th</sup></u></b>
	\$15.00	\$30.00

### 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	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

Program Sponsors: Houghton State Bank, State Farm, Parker Hannifin and Red Oak Chrysler-Dodge-Jeep