



GET READY TO PASS, SET & SPIKE!

7TH & 8TH 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 7th & 8th 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

1:00-2:30 PM, Wed. & Thurs., August 8th & 9th

COST

Early Bird Pricing—Register by August 4th:

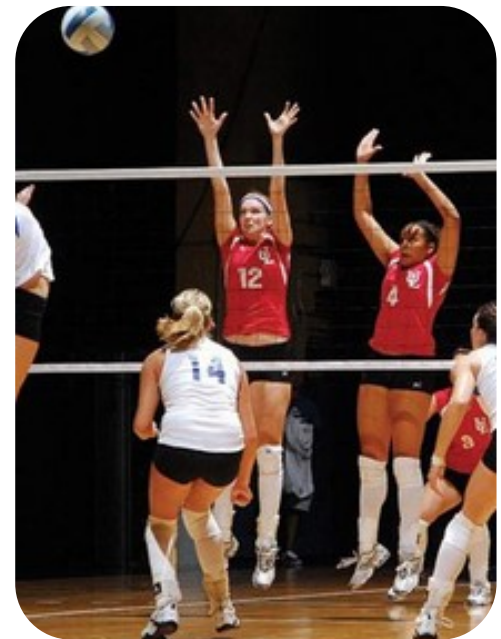
\$15.00

Pricing After August 4th:

\$30.00

REGISTER

Online @ www.MCYMCA.com/OnlineRegistration
Or return the form on the back



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



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



7th-8th 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:	<u>Early Bird Discount by August 4th</u>	<u>After August 4th</u>
	\$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