

Boys Volleyball Clinic



WHEN & WHERE



Thursday, July 8th—Trinity Lutheran

Friday, July 16th—Immanuel Lutheran

Thursday, July 22nd—Trinity Lutheran

Thursday, July 29th—Trinity Lutheran



HOW WILL IT WORK

Athlete can pick from week to week which session works best to attend. We will plan to run two courts each session so we can appropriately divide the athletes.

This camp is hosted by the Trinity Lutheran High School Girls Volleyball Team and Coaches. It is a team fundraiser. Athletes from any school can attend.



WHO CAN ATTEND

Entering Grades 3rd—12th*



TIMES

Session 1: 4pm—5:30pm

Session 2: 5:30—7pm



COST: \$50

Register and pay the first day or fill out the attached form & drop it by TLHS office or mail to: TLHS—1 Trinity Way, Seymour, IN 47274

Office Use Only: Paid (y/n) _____ Check # _____ Cash _____

Boys Volleyball Clinic - Summer 2021

Date: _____

T-shirt size (circle one): YOUTH: SMALL MEDIUM LARGE ADULT: SMALL MEDIUM LARGE XLARGE

Student Name: _____ Gender: M ___ F ___ Age: _____

Grade Entering Fall 2021: _____ School Entering Fall 2021: _____

Parent/Guardian(s) Name(s): _____

Address: _____

Cell Phone: _____ Work Phone: _____ E-mail Address: _____

How Did You Hear About This Clinic: ___ Facebook ___ Instagram ___ Player ___ Friend ___ Website ___ Other: _____

I give permission for my child to participate in the boys volleyball clinic at Trinity Lutheran High School and Immanuel Lutheran School. I hereby release Trinity Lutheran High School and Immanuel Lutheran School, its faculty, staff, sponsors, and volunteers from responsibility and liability for any injury or illness that my child sustains during any activity. In the event of an emergency, I hereby authorize any adult leader of the activity as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of this state, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Guardian: _____ Date: _____

Emergency Phone Number(s): _____

This event is hosted by the Trinity Lutheran Girls Volleyball Team and Coaches. It is a team fundraiser. The cost for attending is \$50 per athlete. A camp T-shirt will be ordered for each athlete after the second session. T-shirts are not guaranteed for late registration.

Please make checks payable to: *Trinity Lutheran High School*

Medical Information

Allergies: _____

Medications Being Taken: _____

Physical handicaps or Limitations: _____

Medical Insurance Company: _____ Policy Number: _____