

# 2018 LIVERPOOL VOLLEYBALL SUMMER CAMP

## TOWN OF CLAY RECREATION

WAYNE MORRIS, RECREATION COMMISSIONER DAMIAN ULATOWSKI, TOWN SUPERVISOR

DATES: JUNE 25 - JUNE 28 MONDAY through THURSDAY

Session I: 9:00am – 11:00am For girls entering 3<sup>rd</sup> - 5<sup>th</sup> grades in fall 2018

Session II: 11:30am – 1:30am For girls entering 6<sup>th</sup> - 8<sup>th</sup> grades in fall 2018

Session III: 2:00pm – 4:00pm For girls entering 9<sup>th</sup> - 12<sup>th</sup> grades in fall 2018

All sessions will emphasize individual and team skills in an age appropriate/skill appropriate manner. Sessions II and III will include advanced techniques, game strategy and team play. All sessions instructed by top quality coaches, including former and current players with college experience.

Where: Liverpool High School Gymnasium  
Fee: \$65 (includes instruction, athletic trainer on site, camp t-shirt)  
Register: By mail only: TOC Volleyball Camp c/o Joe Brainerd  
4103 Buttonwood Trail  
Liverpool, NY 13090

Registrations must be received by June 22, 2018

Forms available at [www.townofclay.org](http://www.townofclay.org)

Make Checks Payable To: Town of Clay Liverpool Volleyball Camp

Registration Form

Participants Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Best phone # \_\_\_\_\_ Email \_\_\_\_\_

Entering grade \_\_\_\_\_ Fall 2018.

T-shirt Size (Circle one) YS YM YL AS AM AL AXL

Session Attending \_\_\_\_\_ Time \_\_\_\_\_

### **Town of Clay Recreation and Human Resource Youth Permission Waiver**

I understand participation in the Town of Clay Warrior Volleyball Camp involves rigorous physical activity and risks of physical injury and we assume these risks. I hereby accept responsibility for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition and has no medical or physical conditions that would restrict her participation in the event.

(Parent/Guardian Signature) \_\_\_\_\_ on this date, 2018 does hereby covenant and agree to release and hold harmless the Town of Clay from and against any and all liability, loss, damages, claims or actions (including cost and attorney fees) for bodily injury and/or property damage to the extent permissible by law arising out of participation in the Town of Clay Liverpool Volleyball Camp during June 26-June 29, 2017. Pictures and other materials which include my child may be used for Town of Clay and Liverpool Volleyball promotional purposes. There is no medical insurance carried by the Town of Clay for program participants.

Medical/Allergy History \_\_\_\_\_

Additional Person to contact in Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Check/Money Order # \_\_\_\_\_ Cash Receipt \_\_\_\_\_ Amt. Paid \_\_\_\_\_