

# 2015 PLYMOUTH VOLLEYBALL CAMP

Students entering 1st through 9th in the Fall

June 22, June 23, June 24, and June 25

9:00-10:30 Grades 1-5

10:00-12:00 Grades 6-9

@ Lincoln Junior High Gym

Cost = \$35 (Includes T-Shirt)

Questions? Please contact PHS Athletic Office

Please fill out and return **Registration Form, Consent Form** and **\$35** to PHS Athletic office by 6/8/15

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Plymouth Volleyball Camp Form

Please Return by 6/8/15

Player Name \_\_\_\_\_

15-16 Grade \_\_\_\_\_      Shirt Size   YS   YM   YL   AS   AM   AL   AXL

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

I give permission \_\_\_\_\_ (student) to participate in Plymouth volleyball camp. I agree to release and hold harmless the Plymouth Community School Corporation, its employees and agents from any liability for damages or injuries suffered during the student's participation in Plymouth volleyball camp. I further authorize the Plymouth Community School Corporation, its employees and agents to seek, obtain and approve necessary medical treatment for the student while participating in Plymouth volleyball camp. I agree that I am responsible for the cost of any medical treatment provided for the student.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_