



Berne Union Volleyball Camp July 11, 12 & 13 – BUHS

Who Should Attend:

Anyone interested in volleyball and will be entering grades 5-12. Those planning on trying out for volleyball for the 2016 season are strongly encouraged to attend.

Times:

Entering Grades 9-12: 9:00 am – 11:30 am

Entering Grades 5-8: 1:00 pm – 3:00 pm

Cost:

\$50.00 per participant

Families with two or more participants will pay no more than \$75.00

The cost includes a camp T-Shirt and daily rewards.



Instructors/Coaches:

The coaching staff for this camp will consist of the current BUHS coaching staff and alumni of Berne Union Volleyball and special guest speakers.

Camp Highlights:

- ❖ Learn and understand basic fundamentals
- ❖ Learn footwork and movement
- ❖ Learn offensive and defensive strategies
- ❖ Team building skills
- ❖ Learn to incorporate being a positive teammate and role model
- ❖ Participate in competitive game situations

What to Bring:

Court Shoes, knee pads, water bottle, towel, A POSITIVE ATTITUDE and a great work ethic!

Questions:

Deadline for registrations – postmarked Friday June 17, 2016.

Contact Mike Miller at 740-653-7170

Send Check and Registration to:

 Girls Volleyball Camp
 Attention: Athletic Boosters
 PO Box 42
 Sugar Grove, OH 43155

Do Not Send Cash!

Checks or Money Order Only!
Make checks payable to:
 Berne Union Athletic Boosters

BERNE UNION VOLLEYBALL CAMP

REGISTRATION FORM

DATE: July 5, 6 & 7

PLACE: BERNE UNION HIGH SCHOOL

TIMES: ENTERING GRADES 9-12: 9:00-11:30 AM

ENTERING GRADES 5-8: 1:00-3:00 PM

Name: _____ Entering Grade: _____

Age: _____ T-Shirt Size: YS YM YL S M L XL XXL

Address: _____
(Street) (City) (State) (Zip)

Parent/Guardian's Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Name of person to contact in case of emergency other than parent/guardian:

Name: _____ Relationship to Athlete: _____

Home Phone Number: _____ Cell Phone Number: _____

Any known medical problems/concerns: List on back

Family Doctor: _____ Phone Number: _____

I give _____ permission to attend the Berne Union Volleyball Camp on the dates indicated above. I assume any responsibility for any damage done by the above athlete to the property and/or equipment. Furthermore, I understand that my signature gives consent for any emergency care necessary. I will not hold the volleyball coaching staff, or school, responsible for any injury, illness or accidents. I understand that my son/daughter is participating in the BERNE UNION VOLLEYBALL CAMP voluntarily with full knowledge of the responsibilities and dangers inherent in this activity. I agree to indemnify and HOLD HARMLESS the Berne Union Board of Education, their agents, their employees as well as all camp workers/volunteers from all liability, claims, demands, damages or costs for, or arising out of this activity; whether it be caused by the negligence of the indemnitor, the Berne Union Board of Education or either party's agents, employees, or otherwise.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____