

# BLUEFIELD COLLEGE RAMS

## Ram Girls and Boys Volleyball Skills Camp June 11-14

Kids' Camp (entering 2<sup>nd</sup> grade-5<sup>th</sup> grade) 9am-12pm



MS/HS Camp (6<sup>th</sup>-12<sup>th</sup> grade) 1pm-4pm

**Cost:** \$75 includes Camp T-shirt and four days of instruction: hitting, serving, setting, passing, digging, blocking, offensive and defensive systems. Instruction will be from Bluefield College coaching staff and players. After first child, each additional sibling is only \$50. Please complete a sheet for each camper.

**Location:** The Dome Gymnasium on the campus of Bluefield College 3000 College Drive Bluefield VA

Click here: <http://www.bluefield.edu/sports-camps/> for online registration (mail payment separately) or complete form below and mail it with payment. To: **RAM VOLLEYBALL CAMP** c/o Jim Butski  
3000 College Drive Bluefield, VA 24605

Checks payable to: **Bluefield College-** put camper's name and "volleyball camp" in memo line

<p>Camper's Name _____</p> <p>Camper's T-Shirt Size (circle) <b>YM (youth M) YL YXL S M L XL</b></p> <p>D.O.B. _____</p> <p>Age at time of camp _____</p> <p>Grade (fall 2013) _____</p>	<p>Address _____ _____ _____</p> <p>Home Phone _____</p> <p>Parent #1 _____ Cell _____ Parent #2 _____ Cell _____ School _____ Years played _____ Email address we should use to distribute camp information and enrollment confirmation? _____</p>
<p><b>Health and Insurance</b> Any restrictions from activity? _____ _____</p> <p>Any medical conditions that require special attention? _____ _____</p> <p><b>Health Insurance Information</b> Insurance Company _____ Policy# _____ Policy Holder's Name _____ Policy holder's D.O.B. _____</p>	 

### Liability Release

I approve of my child's participation in a Bluefield College sports camp and certify that he/she is in good health and able to participate in all camp activities. I hereby voluntarily assume all risk of accident or injury to my child, which may arise out of his/her participation in this program, completely releasing Bluefield College and its coaches and personnel associated with this program from any liability that may result from his/her participation. If medical attention is required for illness or injury while attending camp, I give permission for such care.

Signed \_\_\_\_\_ Date \_\_\_\_\_