



NCC Volleyball Camp 2010

JUNE 21, 22, 23 & 24 6th, 7th & 8th GRADERS

LIMITED TO 30 PARTICIPANTS (GIRLS ONLY)

COST IS \$60.00 4-DAYS FROM 6:30 PM – 8:30 PM

NAME _____

ADDRESS _____

PHONE NUMBER _____

GRADE _____ GRADE _____
SCHOOL _____ (CURRENT GRADE)

T-SHIRT SIZE _____

Dear Campers,

On behalf of the coaching staff here at N.C.C., I want to welcome you to our summer volleyball camp. I hope you enjoy this camp. I also hope you will learn some things and improve your volleyball skills. During the camp we will stress fundamentals as well as teamwork and sportsmanship. Thanks in advance for making our camp a success.

Ms. Vicki Fleissner

* Registration on **Monday, June 21st** will be from **6:15 - 6:30 p.m.** Camp will begin after registration at 6:30 p.m. Permission paper and balance of fee are due at this time. **NO ONE WILL BE PERMITTED TO PARTICIPATE WITHOUT PERMISSION SLIP.**

- **SEND COMPLETED FORMS WITH PERMISSION SLIP & CAMP FEE TO:**
NEWPORT CENTRAL CATHOLIC
SUMMER VOLLEYBALL CAMP
13 CAROTHERS ROAD
NEWPORT, KENTUCKY 41071



NCC Volleyball Camp 2010

PERMISSION SLIP

PLEASE PRINT

FATHER'S NAME _____

WORK PHONE _____

HOME PHONE _____

MOTHER'S NAME _____

WORK PHONE _____

HOME PHONE _____

FAMILY PHYSICIAN _____

PHONE NUMBER _____

RELEASE

For and in consideration of participation by _____
in the NCC Volleyball Camp, I agree to hold Newport Central Catholic and its employees harmless and to waive the right to bring legal action against Newport Central Catholic and its employees for any injuries sustained during the course of this volleyball camp.

Students are encouraged to carry their own accident and/or medical insurance. Coaches and instructors of the Newport Central Catholic Volleyball Camp are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parents or guardian.

If necessary, I authorize Newport Central Catholic to administer first aid and/or authorize medical treatment if this becomes necessary. The above named participant has had a medical examination within the last twelve months and is capable of participating in the volleyball camp.

This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

If parent or guardian cannot be reached call:

NAME _____

PHONE NUMBER _____

Signed _____ DATE _____