



Olmsted Falls High School Youth Volleyball Camp, Grades 1-6 (Fall 2018)

WHEN: May 29 – June 1
TIME: 5:00pm-7:00pm
WHERE: Olmsted Falls Middle School

PRICE: **\$55.00 (includes a t-shirt)**
T-shirt sizes not guaranteed after May 1
\$60.00 for registrations received after May 1

INFO: This camp is intended for players in grades 1-6 (Fall 2018 school year) who live in Olmsted Falls/Olmsted Township, or who attend the Olmsted Falls City School District. Camp will be run by OFHS players and coaches.

Register Online @ www.olmstedcc.com

Mail or drop off registrations to: Olmsted Community Center, 8170 Mapleway Drive, Olmsted Falls, OH 44138.
Make checks payable to: OLMSTED COMMUNITY CENTER

Child's Name: _____ **Grade (Fall '18)** _____
(First) (Last)

Parent(s) Name: _____

Parent(s) Email: _____

Child's Address: _____ **DOB:** _____
(Street) (City) (Zip Code)

Phone (Home): _____ **(Cell):** _____

Emergency Contact (Not Parent): _____
(First) (Last) (Phone)

T-shirt size: Adult S M L XL or Youth M L (circle one)

Waiver

We the undersigned players and parents, release the officials, directors and school system from any liability in the event of an injury occurring while traveling to, from, or during competition in the Olmsted Falls Summer Camp. We also authorize the staff of the Olmsted Falls Summer Camp to act according to their best judgment in an emergency situation requiring medical attention and waive Olmsted Falls Schools from any and all liability for an injury incurred while participating in the camp. We have no knowledge of any physical impairment that would be affected by participation in this tournament. We further consent authorizing emergency medical treatment. OFVB is also not responsible for any lost or stolen items. OFHS Volleyball may capture photographs and use them for purposes of promotion, illustration and web content (Facebook/Twitter). By completing this form you agree that OFHS Volleyball may use image(s) of these registered player(s) in this capacity. If you do not wish for images of your player(s) to be used in this capacity, please reach out to Brigid Radigan at bradigan@ofcs.net

Guardian Signature _____ **Date** _____

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Volleyball