

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY



# **BUMP IT UP!**

## TIGER SUMMER GIRLS VOLLEYBALL CAMP Led by Red Oak Varsity Coach Angie Montgomery (a) THE MONTGOMERY CO. FAMILY YMCA

This mini camp has been designed for students entering 3rd—8th grades with a focus on development of fundamentals and enthusiasm towards the game of volleyball. Red Oak Varsity Coach Angie Montgomery and her assistant coaches will direct the camp and members of the 2021 Red Oak High School Volleyball team will assist.

### WHEN

#### TUESDAY AND WEDNESDAY AUGUST 3RD AND 4TH

9:30AM-11:00AM FOR THOSE ENTERING 3RD-5TH GRADE 11:15AM- 12:45PM FOR THOSE ENTERING 6TH ----8TH GRADE

### **REGISTRATION DETAILS**

Register Online: www.MCYMCA.com/Online Registration Or Return this form to the YMCA

#### COST

\$15 If signed up by July 31st \$20 after July 31st

#### **REGISTRATION DEADLINE**

July 31st

Program Financial Assistance Available – Apply @ The Y!







## TIGER SUMMER GIRLS VOLLEYBALL CAMP

Register Online: http://www.mcymca.com/OnlineRegistration Or return to the YMCA at 101 E Cherry Street, Red Oak, Iowa

Participant's Name:			
Address:			
City:		_ State:	Zip Code:
Contact #:/	E-Mail:		
Parent Work # & Name:/			
Grade entering 2021-22 School Year	Birth date:	//	
Medical Insurance Company/ Policy Number:			
Allergic reactions or Medications Currently Tak	ing:		
Any past illnesses or other information that we	ould be useful in the ev	vent medical treatr	nent is necessarv:

#### COST: <u>Register by July 31st</u> -\$15.00 Late fee of \$5 assessed after July 31st

#### **CONSENT TO PARTICIPATE**

THE UNDERSIGNED parent(s)/guardian(s) of \_\_\_\_\_\_\_, who is a child under the age of 18 years, with understanding of the potential risks of injury or illness to the child by reason of the child's participation in the following activity: **Tiger Summer Girls Volleyball Camp** does/do hereby consent to the child's participation in the activity.

The potential risks of participation include, but are not limited to, the risk of injury or illness to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free <u>at any time</u> to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury or illness to the child by reason of the child's participation in the activity.

Parents also release the YMCA, now and for all time, to take and use any video/film/footage/recording/photo/narrative taken of the child while in participation of said program for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business use without any compensation to, and/or claim, by me.

THE UNDERSIGNED provide the following contact information to obtain consent to treat the child in the event of injury or illness during participation:

Name (Parent/Guardian)

Address

Telephone No.

If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

Parent/Guardian Signature

**Print Name** 

Date

Program Sponsors: Houghton State Bank, State Farm, Parker Hannifin, Red Oak Chrysler-Dodge-Jeep, and Alley Poyner Macchietto Architecture Inc