

# 2018 Seton Catholic Cardinals Girls Volleyball Camp



June 18, 19, & 21 from 5:00-7:00pm  
Chuck Mosey Memorial Gym  
233 S 5<sup>th</sup> St. in Richmond

Join varsity head coach Jennifer Martin, her coaching staff, and SCHS players for three days of instruction and fun.

- Camp is for all girls entering grades 3-8
- The cost of camp is \$25.
  - Please make checks payable to: Seton Catholic Athletic Boosters
- Either turn in form and payment to the high school main office OR mail to:

Seton Catholic High School  
Attn: Trent Tremain  
233 S 5<sup>th</sup> St  
Richmond, IN 47374

- You may also register on the first day of camp
- Doors will open at 4:45pm each day of the camp

# Seton Catholic Cardinals Girls Volleyball Camp

## PLEASE PRINT

Name \_\_\_\_\_ 2018-19 Grade \_\_\_\_\_

Shirt Size \_\_\_\_\_ \*\*\*Please specify adult or youth size\*\*\*

Parents'/Guardians' Names \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## RELEASE

I hereby give consent for my daughter to participate in the Seton Catholic Volleyball Camp. I know of and acknowledge that my daughter knows of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless Seton Catholic for any injury or claim resulting from such athletic participation and agree to take no legal action against Seton Catholic because of any accident or mishap involving my daughter's athletic participation.

**I have read this carefully and know it contains a release provision.**

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_