

2024 Volleyball Summer Camp



The Jimtown High School Players and coaching staff will host a volleyball summer camp for 4th to 9th grade Jimtown students.

Camp enrollment based upon grade player is going into for 2024/25 school year (next year).

When: **June 3rd to 5th** Where: Jimtown High School Gym

Beginner Camp: Grades 4, 5 and 6 4:30 to 6:30 pm Cost: \$35.00

Elite Camp: Grades 7, 8 and 9 6:30 to 8:30 pm Cost: \$45.00

Payment: Payment must be sent with Registration. **Please Make Checks Payable to: Jimtown Athletics**

This is a fundraiser for the Jimtown Volleyball Program. All camp proceeds will go towards the volleyball program.

Early Registration is encouraged. **Registrations are due by Friday May 24th to guarantee a T-Shirt.** Additional registrations will be accepted until first day of camp. Any questions concerning the camp may be emailed to Head Coach Bill Stose at wstose@baugo.org

JIMTOWN VOLLEYBALL SUMMER CAMP REGISTRATION FORM

Camp Options (Place "x" next to your Camp Selection) based upon 2024/2025 (NEXT YEAR) school year grade

_____ Beginner Camp: Grades 4, 5 and 6. June 3-5 4:30 to 6:30 pm Cost: \$35.00

_____ Elite Camp: Grades 7, 8 and 9. June 3-5 6:30 to 8:30 pm Cost: \$45.00

Please PRINT Clearly

Player Name _____ 2024/25 (Next Year) Grade _____

Address _____

Parent Name _____ Player T-shirt Size YS YM YL S M L XL

Circle Size

Parent Email _____ Parent Phone / Cell _____

PARENT RELEASE: It is understood by our family that our child is physically fit and able to voluntarily take part in this athletic camp at Jimtown High School. Insurance coverage for our child is our responsibility and not that of the Baugo Community School Corporation. In case of an injury, it is our responsibility to seek treatment and be responsible for any expense for said treatment and not hold the Baugo Community School Corporation, or its representatives, liable for any expenses. **In case of accident and if school authorities cannot contact me:** I authorize them to contact a physician and/or hospital to request immediate treatment with the understanding that such authorization does not obligate the school and its representative to assume financial responsibility. I have the following kind of insurance protection for my child:

(check one) _____ My Private or Group Program, _____ No Program. I shall be responsible for all expenses.

PARENT SIGNATURE

DATE

Make Checks Payable to: Jimtown Athletics

Drop off registration & payment by Friday 5/24 to: JHS, JJHS or JIS School Office, Attn: Coach Stose