

RANGER VOLLEYBALL



Carole Morbitzer - Varsity Volleyball Coach, cmorbitzer@hamilton-local.k12.oh.us, 492-1492, ext. 743

Camp Directors

Hamilton Township
High School Staff

Hamilton Middle School
Staff

Hamilton Township
High School returning
volleyball players



Ranger Volleyball Youth Camp

DATES: Monday July 16 – Friday July 20

GRADES: K-8 (Grade for the 2007-2008 school year)

TIMES: 1:00 – 3:15 p.m.

LOCATION: Hamilton Township High School

COST: \$40.00 (includes a t-shirt and volleyball)

Our Ranger Volleyball Camp will give your daughter a chance to work with your High School and Middle School Coaching Staff. It will also give your campers a chance to work with returning high school players and watch them demonstrate specific skills. This camp will feature fundamentals, competitions, and drills used at all levels in our volleyball program.



Camp Application and Release



Return this portion with the camp fee by Monday, June 25

Student Name _____

Grade (Next Year) _____ **Phone Number** _____

Address _____

T-Shirt Size (Circle One) Youth Large Adult Sizes: S M L XL

Emergency Contact & Phone Number _____

**Payment – Due by
Monday, June 25**

Checks payable to
"Hamilton Township
High School"

Mail To:

Hamilton Township
High School
Carole Morbitzer
Volleyball Coach
4999 Lockbourne Road
Columbus, Ohio 43207

PERMISSION/MEDICAL RELEASE: The above student has my permission to attend the Ranger Volleyball Camp. I hereby agree that the camper above has been examined and found to be in good physical health. I have no knowledge of any physical impairment that would affect or be affected by this child participating in the camp. In addition, I agree that the camper is physically fit and able to take part in vigorous activity and should any illness or injury occur, I give consent to allow medical treatment for the participant. I am aware that injuries may occur during the camp and I waive, release, and forever discharge Hamilton Local Schools, the Board of Education, the employees, and the camp authorities from any and all injuries. In addition, I understand that the camp authorities are not responsible for any accidents, medical or dental, incurred during the course of instruction given by staff, and said staff is to be held blameless. I also understand that cooperation and behavior are important and should the participant behave in any way deemed inappropriate, the camp coordinator may expel her from the camp and the fee will not be refunded. Once a fee is paid, there will be no refunds.

SIGNATURE _____

(Parent or Guardian)

