

🏐 2019 🏐  
**OOLTEWAH  
HIGH  
LADY OWLS**



**SPORTS CAMP  
GRADES 3 – 8**

**VOLLEYBALL**

**JUNE 3 - JUNE 6**

**8:30 – 11:30**

**Directed by: Elaine Peigen**

***\*Deadline: May 30, 2019***

**PLEASE DO NOT CALL OOLTEWAH MIDDLE**

**TO THE PARENTS**

We want to build a strong, competitive and successful athletic program in the Ooltewah community. One way to begin and assure this of happening is to offer instructional camps for younger girls who have an interest in sports. The main goal of our camps is to teach basic skills in an enjoyable atmosphere.

Female athletes are receiving college scholarships at a phenomenally increasing rate. Athletes who have participated in camps excel at a much faster rate and many earn scholarships.

**STAFF**

**ELAINE PEIGEN**                      Camp Director/Head Volleyball Coach  
Ooltewah High/Middle Schools

**GENERAL INFORMATION**

The Camp will be held in the Ooltewah High School gym.

**CONCESSION STAND WILL NOT BE OPEN/VENDING MACHINES AVAILIABLE.**

All campers will be given a camp T'shirt and will be covered by secondary insurance plan in case of injury.

All campers will be admitted FREE to all OMS Lady Owls HOME volleyball matches during the 2019-2020 season.

**COST**

The cost is **\$65.00** for camp.

**NO PERSONAL CHECKS ACCEPTED!**

**CASH OR CASHIER'S CHECK PAYABLE to;**

**Ooltewah High School**

**(NOT to Ooltewah Middle School)**

**Deadline for registration and payment is MAY 30, 2019**

**CAMP REGISTRATION**

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL (PRESENT) \_\_\_\_\_ GRADE \_\_\_\_\_  
(ENTERING 2019-2020)

**T-SHIRT SIZE:** YS YM YL S M L XL XXL Circle One

\_\_\_\_\_ VOLLEYBALL CAMP \$65.00

**Send Camp Registration and Permission Form with**

**CASH**

***OR***

**Cashier's Check ONLY**

**PAYABLE to OOLTEWAH HIGH**

**SCHOOL**

**6484 Hideaway Rd. Ooltewah**

**37363**

**E-MAIL QUESTIONS TO:**

[vbcoachp@yahoo.com](mailto:vbcoachp@yahoo.com) 314-6331

**COMPLETE SUMMER CAMP FORM ON BACK** 

# SUMMER CAMP

## REGISTRATION AND PERMISSION

### TO BE COMPLETED BY PARENT/GUARDIAN AND STUDENT

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

MOBILE \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MEDICAL INFORMATION

TAKES MEDICATION (NAME AND DOSAGE) \_\_\_\_\_

HEALTH PROBLEMS: HEART SEIZURES BLOOD SUGAR DISORDERS

ALLERGIES ASHTMA

OTHER (EXPLAIN) \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

POLICY NUMBER: \_\_\_\_\_

COMPANY NAME/ADDRESS \_\_\_\_\_

I/WE THE UNDERSIGNED, HEREBY GRANT PERMISSION FOR (NAME OF CHILD)

I/WE DO HEREBY RELEASE FROM ANY AND ALL LIABILITY AND HEREBY HOLD HARMLESS ALL SCHOOL

PERSONNEL FOR PERSONAL INJURY, PROPERTY OR OTHER TYPE OF LOSS THAT OCCURS AS A RESULT OF THIS ACTIVITY

I/WE FURTHER AUTHORIZE THE CAMP ORGANIZERS TO SEEK, ARRANGE FOR AND USE OUR MEDICAL SERVICES FOR MY CHILD DURING THIS CAMP. THE SUMMER CAMP STAFF WILL MAKE EVERY REASONABLE EFFORT TO PROPERLY SUPERVISE

CONTROL, AND RENDER SAFE ALL ACTIVITIES IN THE PROGRAM DESCRIBED ABOVE.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

\_\_\_\_\_  
PARENT/GURADIAN SIGNATURE

\_\_\_\_\_  
DATE