



2022 Bloom Carroll YOUTH VOLLEYBALL CAMP

June 27th-29th

LOCATION: Tom Petty Gymnasium, Bloom Carroll Middle School
TIME: 9:00 a.m.-11:00 a.m.
WHO: Grades 3-6 for the 2022-23 school year
PAYMENT: COST: \$50/camper. Each camper will receive a camp T-shirt. Checks payable to: Bloom-Carroll Schools (BC Schools – Volleyball). Cash and personal checks accepted. Registration accepted up until the first day of camp. Pre-registration guarantees that you will have your camp shirt the last day and may be done by mailing completed form (on the back of this page) and payment to:

Bloom-Carroll Middle School Attention:
Volleyball Coach Kyle McFerin
71 S. Beaver St. Carroll, OH 43112

CAMP DIRECTORS: Bloom Carroll Coaching Staff and BCHS returning volleyball players.

Our Bloom Carroll Volleyball camp will give your daughter a chance to work with the High school and Middle School coaching staff. It will also give campers a chance to work with returning high school players allowing for the demonstration of specific skills. This camp will feature fundamentals, competitions, and drills that are used in all levels of our volleyball program!

QUESTIONS: Contact Coach Kyle McFerin at kyle.mcferin@bloomcarroll.org or 614-560-1416

REGISTRATION INFORMATION

Camper Name: _____ Age: _____

School Grade in Fall _____ School Attending _____

Address: _____ Phone: _____

City _____ Zip _____

Please Circle T-Shirt Size: YM YL AS AM AL AXL

Parent Name _____ Parent # _____

Emergency Contact _____ Emergency Contact# _____

Email: _____

My Child is covered by _____

MEDICAL & INSURANCE INFORMATION

PERMISSION/MEDICAL RELEASE: The above student has my permission to attend the Bloom Carroll Youth Volleyball camp. I hereby agree that the camper above has been examined and found 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 any injuries that may occur during camp and I waive, release, and forever discharge Bloom Carroll Local School District, 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/Guardian)

DATE: _____