



**Catoctin Athletic Boosters Presents:**  
**Volleyball Clinic**  
**Sherry Levering Director**  
**Assisted by Lady Cougar Volleyball Players**

**June 18, 19, 20**  
**9 AM TO 12:00 PM**  
**Students entering Grades 6 - 9th Grade**  
**Location: Catoctin High School Main Gym**

**Clinic Fee: \$25 Session / \$70 for all Three Sessions**

Make checks payable to **Catoctin H.S. Athletic Boosters** and mail to ...  
Catoctin H.S. Athletic Boosters c/o Lady Cougar Volleyball Camp  
14745 Sabillasville Rd. Thurmont, Maryland 21788  
Payment is to be made in full with registration.

Note to parents: The objective of our camp are as follows: 1) build the confidence and self-esteem of our athletes, 2) develop good sportsmanship, 3) increase each athlete's desire to play the sport, 4) improve each athlete's ability to play the game, 5) develop good practice skills, and 6) review the fundamentals of the sport.

**Contact Catoctin H.S. Athletic Boosters @ 240-236-8100 if you have any questions.**

**Registration form: Lady Cougar Volleyball Camp**

By signing below: I agree that in case of an accident involving my child while attending this camp and with full awareness that volleyball is an activity that may involve injury, I release the camp, Catoctin H.S. Catoctin H.S. Athletic Boosters, FCPS, directors, employees, and associated personnel from any and all liability. In case of emergency, I give permission to the camp director to properly transport my child to a medical facility for care. I understand and agree that I will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of my child. I hereby approve my child's attendance at the Lady Cougar Volleyball Camp and I certify that my child is in good health and able to participate in the program.

Camper's name \_\_\_\_\_ Grade (Fall 2018) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Emergency Phone \_\_\_\_\_

Email \_\_\_\_\_ Insurance Co. and Policy # \_\_\_\_\_

Camp T shirt size: All adult sizes/circle one:    small    medium    large    x large

**Please circle which clinic date(s) you will be attending.    June 18    June 19    June 20**

**Parent/Guardian Signature** \_\_\_\_\_

\*These materials are neither sponsored by nor endorsed by the Board of Education of Frederick County, the Superintendent or Catoctin H.S.

