



Catoctin Athletic Boosters Presents:

# Volleyball Clinic

Wes Fream Director

Assisted by Lady Cougar Volleyball Players

June 24, 25, 26

9 AM - 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 Wes Fream @ 301-748-4221 if you have any questions.**

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## 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 2019): \_\_\_\_\_

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 24    June 25    June 26**

**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.