



# 2018 WCHS

## Warhawk Volleyball Camp

Westerville Central High School

All girls and boys interested in volleyball entering grades K-8

<b>July 23 - 25</b>		
<b>Grades K-3</b> 8:00 am – 9:00 am  Cost: \$60 if register by 7/1/18; \$65 after 7/1/18; \$70 at the door	<b>Grades 4-6</b> 9:30 am – 11:00 am  Cost: \$65 if register by 7/1/18; \$70 after 7/1/18; \$75 at the door	<b>Grades 7-8</b> 11:30 am – 1:30 pm  Cost: \$75 if register by 7/1/18; \$80 after 7/1/18; \$85 at the door

Register and pay on-line at <https://www.locallevelvents.com/events/details/4547>

Complete the attached liability waiver and  
bring to the first day of camp or mail to:

Westerville Central High School (Attn: Girls Volleyball Boosters)  
7118 Mt. Royal Ave.  
Westerville, OH 43082

Questions? Contact Head Coach Gerard Iquina ([iqvball@yahoo.com](mailto:iqvball@yahoo.com))



# Westerville Central Youth Camps

2011 – 2015 OCC CARDINAL CHAMPIONS

2012 DISTRICT CHAMPIONS

## Volleyball Youth Camp 2018

### Liability Form

<b>Grades K-3</b> <b>8:00am - 9:00am</b>	<b>Grades 4-6</b> <b>9:30am – 11:00 noon</b>	<b>Grades 7-8</b> <b>11:30am – 1:30pm</b>
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Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Age \_\_\_\_ Ht. \_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Parent / Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Person to contact in the event of an emergency (if other than parent / guardian above)

Name \_\_\_\_\_ Relationship to Athlete (Hm Phone #) (Cell #) (Work #)

Any Known Medical Problems / Concerns \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

I give \_\_\_\_\_ permission to attend WESTERVILLE CENTRAL YOUTH CAMP from July 23, 2018 to July 25, 2018. I assume any responsibility for any damage done by the above athlete, to the property and / or equipment. I realize that the failure to adhere to the camp's rules and regulations will result in immediate dismissal from camp at the athlete's expense. Furthermore, I understand that my signature gives consent for any emergency care necessary. I will not hold the camp staff or school responsible for any injury, illness, or accidents. I understand that my daughter/son is participating in the WESTERVILLE CENTRAL YOUTH VOLLEYBALL CAMP voluntarily with full knowledge of the responsibilities and dangers inherent in this activity. I agree to indemnify and HOLD HARMLESS the Westerville City School Board of Education, their agents, their employees as well as all camp employees / volunteers from all liability, claims, damages or costs for, or arising out of this activity, whether it be caused by the negligence of indemnitor or the Westerville City School Board of Education or either party's agents, employees, or otherwise.

\_\_\_\_\_  
(Parent or Guardian Signature) Date \_\_\_\_\_

\_\_\_\_\_  
(Athlete's Signature) Date \_\_\_\_\_