



Twinsburg Tigers Girls' Volleyball Camp

June 10-12, 2024

3rd-6th Grade 8:00-10:00 am

7th & 8th Grade 10:30-12:30

Twinsburg High School Gymnasium

10084 Ravenna Rd, Twinsburg, OH 44087

Name _____

Phone Number _____ Grade Entering in 2024 _____

****All campers must complete and return the EMA and Agreement of Risk form in order to participate****

Circle one t-shirt size:

Youth	S	M	L	
Adult	S	M	L	XL

Cost of camp: \$40 per district resident
Cash or check made payable to Twinsburg Athletic Boosters c/o Volleyball

Return registration form and payment via any of the following methods:

1. Drop off at Twinsburg High School Welcome Center (M-F 7:30am-3pm)
2. Mail to Twinsburg High School - 10084 Ravenna Road, Twinsburg OH 44087
Attn: Jessica Rader

****REGISTRATION DEADLINE IS FRIDAY, MAY 24, 2024****

Contact Coach Rader with any questions at: jrader@twinsburgcsd.org or 330-486-2171

EMERGENCY MEDICAL AUTHORIZATION

Student's Name _____ Home Phone _____

Address _____

Parents/Guardians _____

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill injured while under school authority when the parents/guardians cannot be reached.

****This form MUST BE COMPLETED in full to participate in The Lady Tigers Volleyball Camp****

TO GRANT CONSENT

In the event reasonable attempts to contact _____ (parent/guardian) at:

HOME _____ CELL _____ WORK _____

or reasonable attempts to contact _____ (other parent/guardian) at:

HOME _____ CELL _____ WORK _____

have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available.

2. The transfer of the student to _____ (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery before the performance of such surgery. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairment to which a physician should be alerted.

Parent/Guardian Signature _____ Date _____

Address _____

Twinsburg City School District
Athletic Department
10084 Ravenna Road
Twinsburg, Ohio 44087

AGREEMENT OF RISK

My child and I are aware that participating in the Lady Tigers Volleyball Camp is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expense incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____