

JLMS VOLLEYBALL CAMP

3 DAY CAMP IN THE JLMS GYM



JULY 31ST
AUGUST 1ST
AUGUST 2ND
8:00AM – NOON

MEDICAL RELEASE / WAIVER FORM

I, the undersigned parent or guardian, do hereby grant permission for my daughter whose name is _____ to participate in the John Long Middle School camp.

I, fully acknowledge and understand and agree that in taking part in this clinic there is a possibility of physical illness or injury

I further agree to hold harmless the Pasco County School Board, JLMS Athletic Program, and the coaches in which the camp is being run by illness or injury incurred by the participant during the camp.

PARENT SIGNATURE: _____

CAMPER SIGNATURE: _____

CAMP OVERVIEW

MORNING SESSION : \$50 Dollars

Players with competitive experience playing volleyball or have more advanced skills with the sport from playing at the beach, or in P.E. Class. This camp is for athletes that will definitely be trying out for the volleyball team and want more games to work on skills already developed from previous volleyball playing. Games and Drills are more advanced with this camp with the more competitive level from the campers who sign up.

Students will get a great experience, new skills, and a Camp T-shirt.

Please email Coaches with confirmation after purchase to keep an accurate count.

CAP is 40 campers

Thank you,

Coach Carlson & Coach Barrios

Name: _____

Student Number: _____

Parent Name: _____

Contact #: _____

Shirt Size - S M L XL

ONLY 40 CAMPERS

For more information, contact:

Coach Erik Carlson @
ECARLSON@PASCO.K12.FL.US

Please Pay Online
Using the MyStudent
Parent Portal And
Email Coach Carlson
With Paid Confirmation &
This Form Completed.