



# Little Arrow Volleyball summer camp

## Monday July 10, Tuesday July 11, and Wednesday, July 12

at the Ashland HS Arrow Arena

Session 1: entering grades 2 – 5 <sup>th</sup>	9:00 – 10:30 am
Session 2: entering grades 6 – 8 <sup>th</sup>	10:30 am – 12:00 noon



⇒ **BRING** : athletic shoes & water bottle  
(kneepads recommended for 6<sup>th</sup> – 8<sup>th</sup> graders)

⇒ **COST** : \$35 (checks made out to “Ashland All-Sports Boosters”) Register by June 23<sup>th</sup> to guarantee a t-shirt.

MAIL TO: Coach Vaughn • Ashland High School • 1440 King Road • Ashland, OH 44805 or drop off at AHS Athletic Office

♥ **HAVE FUN** while learning how to pass, set, attack, and serve with the AHS Volleyball Staff and Players! ♥

### ★ Little Arrow Volleyball Summer Camp 2023 ★ REGISTRATION FORM

Name \_\_\_\_\_ '23-24 Grade: \_\_\_\_\_ School: \_\_\_\_\_

Please check one:  Session 1: for athletes entering grades 2 – 5 9:00 – 10:30 am  
 Session 2: for athletes entering grades 6 – 8 10:30 am – 12:00 noon

Shirt size:  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

Parent/guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home address: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies/medical concerns: \_\_\_\_\_

I am aware that there are risks of injury involved with athletic activity. I hereby agree to assume for my child such risk of injury, and to indemnify and hold harmless the AHS coaches, the Ashland Volleyball Parents Association, the Ashland City Schools, their administrators, employees, or agents against any claim for injury to persons or property which may result from my child's participation in this activity. My child is covered by personal medical insurance. I will assume full financial responsibility in case of accident or injury to my child. Photos may be used in future promotional material.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 by attending this camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury/illness to my child(ren) of any kind. I hereby release, covenant not to sue, discharge, and hold harmless Ashland City Schools, its employees, coaches and representatives, of all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the ACS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any volleyball program.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Please contact Coach Vaughn at [jevaughn@goarrows.org](mailto:jevaughn@goarrows.org).