



# BELVIDERE NORTH VOLLEYBALL CAMP

**JULY 7–9**

**11:30 A.M. – 1:00 P.M.**

**9TH – 12TH GRADE STUDENTS**

**COST: \$50, INCLUDES CAMP T-SHIRT**

**DETAILS: BRUSH UP ON SKILLS, MEET THE COACHING STAFF, AND GET READY FOR TRYOUTS AT THIS THREE-DAY VOLLEYBALL CAMP. PLEASE ARRIVE 10 TO 15 MINUTES EARLY SO THAT EACH SESSION CAN START ON TIME. WE WILL WORK HEAVILY ON BALL CONTROL, SERVING, AND DEFENSIVE/OFFENSIVE SYSTEMS IN PREPARATION FOR TRYOUTS.**

**DEADLINE TO REGISTER IS JUNE 9!**

**NO LATE REGISTRATION WILL BE ACCEPTED!**



# 2025 BLUE THUNDER VOLLEYBALL CAMP

**REGISTRATION**

ATHLETE NAME: \_\_\_\_\_

GRADE IN FALL '25: 9, 10 , 11, 12 (CIRCLE)

T-SHIRT SIZE ADULT: SM, MD, LG, XL, XXL (CIRCLE)

GUARDIAN(S) NAME: \_\_\_\_\_

GUARDIAN(S) PHONE NUMBER : \_\_\_\_\_

GUARDIAN(S) EMAIL ADDRESS: \_\_\_\_\_

PLEASE INCLUDE ANY MEDICAL INFORMATION OR ALLERGIES WE NEED TO BE AWARE OF, IF ANY:

\_\_\_\_\_

**PLEASE MAIL OR DROP OFF COMPLETED REGISTRATION AT BELVIDERE NORTH HIGH SCHOOL  
• THE ATHLETIC DEPARTMENT: 9393 BELOIT RD, BELVIDERE, IL 61008**

## SUMMER CAMP WAIVER/RELEASE FORM

YOUR SON/DAUGHTER HAS INDICATED AN INTEREST IN REGISTERING AS A PARTICIPANT IN OUR SUMMER CAMP. WE PROVIDE NO MEDICAL INSURANCE COVERAGE OF ANY KIND AND STRONGLY URGE THAT YOU SEEK COVERAGE IF YOUR SON/DAUGHTER IS NOT ALREADY COVERED. BY REGISTERING YOU ARE ACKNOWLEDGING THAT YOU ARE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES WHICH YOUR SON/DAUGHTER MAY SUSTAIN ARISING FROM PARTICIPATION IN OUR CAMP.

### WAIVER:

I HEREBY UNDERSTAND THAT I AND/OR MY FAMILY MEMBERS ACKNOWLEDGE THE RISKS INHERENT IN THE ABOVE-MENTIONED ACTIVITY AND AGREE THAT NO LIABILITY WILL BE CLAIMED OR ENFORCED AGAINST ANY PERSON OR GROUP THEREWITH CONNECTED. I UNDERSTAND THAT NO HOSPITALIZATION, HEALTH OR ACCIDENT INSURANCE IS PROVIDED IN CONNECTION WITH THE SAID REGISTRATION. I FURTHER STATE THAT I HAVE READ AND UNDERSTAND THAT THIS IS A GENERAL RELEASE AND THAT I INTEND FOR IT TO BE LEGALLY BOUND BY THE SAME. I HEREBY GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN THIS BELVIDERE NORTH HIGH SCHOOL SPORTS SUMMER CAMP. I ASSUME ALL RISK IN REGARD TO PARTICIPATION IN THIS OR ANY OTHER BELVIDERE NORTH HIGH SCHOOL (DISTRICT 100) PROGRAM IN WHICH MY CHILD PARTICIPATES. I RELEASE, INDEMNIFY, AND AGREE TO HOLD HARMLESS BELVIDERE NORTH HIGH SCHOOL (DISTRICT 100), ITS DIRECTORS, ADMINISTRATION, OFFICERS, COACHES, INSTRUCTORS, PROPERTY OWNERS AND VOLUNTEERS FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM PARTICIPATION IN A BELVIDERE NORTH HIGH SCHOOL SPORTS SUMMER CAMP.

ATHLETE NAME (PRINTED) \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**WHEN: JULY 7-9**

**11:30 AM - 1:00 PM**

**WHERE: BELVIDERE NORTH GYM  
(ENTER @ DOOR 31 OFF OF SQUAW PRAIRIE)**

**DEADLINE TO REGISTER: JUNE 9**

QUESTIONS? PLEASE CONTACT BELVIDERE NORTH HEAD  
VOLLEYBALL COACH AMANDA HICKS AT  
ACARLSON@DISTRICT100.COM

**Cut here to keep  
Bottom portion!**

