



BOYS & GIRLS YOUTH VOLLEYBALL CAMP

JULY 28&29

9:00 AM – 10:30 A.M.

1ST – 6TH GRADE

COST: \$30, INCLUDES CAMP T-SHIRT

DETAILS: BELVIDERE NORTH COACHES AND CURRENT PLAYERS WILL PROVIDE INSTRUCTION IN THE FUNDAMENTALS OF PASSING, SETTING, SERVING, AND HITTING TO HELP YOU LEARN TO LOVE THE GAME OF VOLLEYBALL!

WHAT TO BRING/WEAR: BRING WATER AND ANY NECESSARY MEDICAL EQUIPMENT. WEAR ATHLETIC CLOTHES.

DEADLINE TO REGISTER IS JUNE 14!

LATE REGISTRATION WILL NOT GUARANTEE A T-SHIRT



2025 YOUTH THUNDER VOLLEYBALL CAMP

REGISTRATION

ATHLETE NAME: _____

GRADE IN FALL '25: 1ST, 2ND, 3RD, 4TH, 5TH, 6TH (CIRCLE)

T-shirt size Youth: SM, MD, LG, XL , AdultSM, AdultM (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) _____

GUARDIAN SIGNATURE: _____ DATE: _____

**WHEN: JULY 28-29
9:00 A.M. - 10:30 A.M.**

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

DEADLINE TO REGISTER: JUNE 14

QUESTIONS? PLEASE CONTACT BELVIDERE NORTH HEAD VOLLEYBALL COACH JACLYN OLEJNICZAK AT
JOLEJNICZAK@DISTRICT100.COM

Cut here to keep
Bottom portion!

