



2nd Annual Dover Girls' Volleyball Camp

The Girls' Volleyball Coaching staff, along with players from the high school team, will coordinate the camp and ensure that the campers learn essential Volleyball skills.

Our camp focus will be on key fundamentals of Volleyball.

- **Dates:** June 24-26, 2025
- **Time:** 9:30 AM - 11:00 AM for girls' 4th - 6th grade & 12:00 PM - 2:00 PM for girls' 7th - 9th
- **Where:** Dover Middle School Gym
- **Who:** Girls' entering Grades 4th – 9th
- **Cost:** \$60.00
- **Free T-Shirt** - Must register by May 30th to be guaranteed a T-Shirt
- *Email a scan or photocopy of the completed registration form to mneal2@wellspan.org AND also mail the form and check to the address below*
- Checks made payable to ***Dover Eagle Athletic Booster Club***
- **Mail to:** Dover Area High School
Attention: Athletic Office % Jr. High Girls' Volleyball
4500 Intermediate Ave
Dover, Pa 17315

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Age: _____

T-Shirt Size: (please circle) YS YM YL AS AM AL AXL

Players School: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Parent email: _____

Mother's name: _____

Mother's cell: _____

Father's name: _____

Father's cell: _____

Emergency contact: _____

Relationship: _____

Specify any of your child's health problems coaches should be aware of: _____

Is your child on any medication? No / Yes (circle one)

If yes, please specify:

SIGNATURE OF PARENT OR GUARDIAN:

_____ Date _____

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test, and if necessary, treat my child as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian signature _____ Date _____

Student Allergies _____

Doctor _____ Phone Number _____

Insurance carrier _____ Policy Number _____

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by the Dover Volleyball Program, including but not limited to, all aspects of volleyball. I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury. I hereby release the Dover Volleyball Program, as well as its employees, staff members, players and coaches, from liability to the above-named athlete, of the person claiming through him/her, arising from injury to the person or property of the above-named athlete occurring on the premises of Dover Area Middle School, including any event sponsored or sanctioned by the Dover Volleyball Program, and or travel to and from such activities.

Parent Signature _____ Date _____