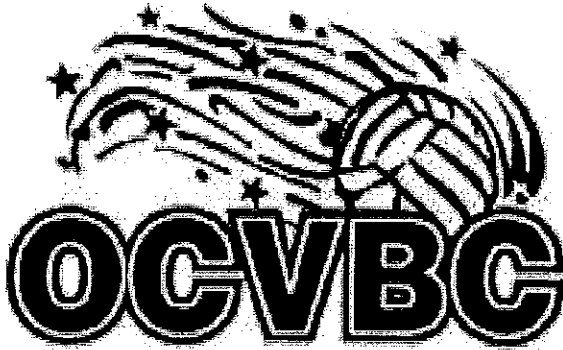


# Volleyball Camp

Led by Ben Briney, Head Volleyball Coach at

**Truman State University**

and hosted by Osage County Volleyball Club



**June 28 & 29, 2019**

All sessions will be held at  
State Technical College of Missouri  
in Linn, MO

Registration form and required waiver form can be found and printed  
from our website – [www.ocvbc.net](http://www.ocvbc.net)

**REGISTRATION DEADLINE: JUNE 19, 2019**

Please mail registration form, waiver and payment to:  
Cheryl Gentges, 449 Highway A, Bonnots Mill, MO 65016

Camper Name: \_\_\_\_\_

Session (circle one): 1    2    3    Grade (2019-20 school year): \_\_\_\_\_

OCVBC Player (from the 2018-19 season): \_\_\_\_\_ Yes    \_\_\_\_\_ No

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

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

Make checks payable to: Osage County Volleyball Club

Questions: Please email [ocvbc@aol.com](mailto:ocvbc@aol.com)

## Session 1

For players entering grades 9<sup>th</sup> –  
12<sup>th</sup> for the 2019-2020 school year.

**Date:** Friday, June 28, 2019

**Times:** 9:00 – 12:00 – Instruction  
12:00 – 1:00 – Lunch \*  
(on your own)  
1:00 – 4:00 – Instruction

**Cost:** \$50 for OCVBC players  
(2018-2019 season)

\$70 for non OCVBC players

\* Participants may bring a sack  
lunch or purchase lunch at State  
Technical College (cost is apx. \$6)

## Session 2

For players entering grades 6<sup>th</sup> –  
8<sup>th</sup> for the 2019-2020 school year.

**Date:** Saturday, June 29, 2019

**Times:** 9:00 – 12:00

**Cost:** \$30 for OCVBC players  
(2018-2019 season)

\$50 for non OCVBC players

## Session 3

For players entering grades 3<sup>th</sup> –  
5<sup>th</sup> for the 2019-2020 school year.

**Date:** Saturday, June 29, 2019

**Times:** 1:00 – 3:00

**Cost:** \$30

## Kirksville Area Volleyball Association Liability Waiver

Participant Name: \_\_\_\_\_ Date of Camp: \_\_\_\_\_

By signing below, I understand that I am authorizing the participant named above to attend the satellite camp at the host high school and to participate in that camp actively and fully. I understand that this activity carries with it the potential for personal injury, and I accept this risk on behalf of my child. On behalf of my child, I hereby release, Kirksville Area Volleyball Association, its officers, camp clinicians, and staff, from any liability or claims for damages arising from personal injury sustained by my child during this activity. My child and I understand the nature of the risks of injury involved in this activity and I assume all responsibility for any injuries incurred during participation at this camp. I know of no mental or physical problems that might adversely affect my child's ability to participate in this camp.

I understand further that I will be responsible for any expenses incurred on behalf of the participant in connection with first aid, medical treatment, or surgery that may be deemed medically necessary on account of injuries sustained in this activity.

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Parent/Legal Guardian's Signature

Date