

LADY COBRA

VOLLEYBALL SUMMER CAMP

\$125
PER PLAYER

GRADES WELCOME

5-9TH

**9:00 AM -
2:00 PM**



ALL ARE WELCOME TO ATTEND!

JULY 17TH - 20TH

BISHOP GRIMES JR/SR HIGH SCHOOL

6653 KIRKVILLE ROAD
EAST-SYRACUSE, NY 13057
MAIN GYMNASIUM

TO SIGN UP CONTACT COACH PURCELL

E-mail: kpurcell@syrdiocese.org

Please send all Registrations forms to Bishop

Grimes Jr/Sr High School

ATT: Kayla Purcell

6653 Kirkville Road, East Syracuse, NY 13057



KJ Volleyball Camp
Sponsored by Mac's Hoop Star
Summer Camp Application 2023

Grade in the fall 2023: _____ Age: _____ School: _____

Name: _____ Male: _____ Female: _____

Date of Birth: _____ Height: _____ Weight: _____

ShirtSizePleaseCircle: *Adult*: S M L XL XXL XXXL or *Youth* S M L

E-mail: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone (W): _____ Cell: _____

School: _____

Medical Information:

Date of last Tetanus immunization: _____ Medications currently taking: _____

Allergies or conditions:

Any Restrictions: _____

Insurance Company: _____

Policy #: _____

Emergency Information (Contact in case of emergency)

Name: _____

Daytime Phone: _____

Family Doctor: _____

Phone #: _____

YOUTH PERMISSION WAIVER AND REGISTRATION FORM/

In consideration of your accepting this registration, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against KJ Volleyball/Mac's Hoop Star Basketball and Bishop Grimes Jr./Sr. HS, and any and all sponsors, representatives, successors, and assigns, for any and all injuries suffered by me/my child in said program. No medical insurance is carried by the KJ Volleyball/Mac's Hoop Star Basketball or Bishop Grimes Jr./Sr. HS for program participants. Registrants are encouraged to have their own medical coverage. I understand that participation in the camp involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for payment of any emergency transportation or treatment on behalf of the participant. I further clarify the participant is in good physical condition, and has no medical or physical condition that would restrict his/her participation in this event. I hereby agree to release and hold harmless KJ Volleyball Camp/ Mac's Hoop Star, its staff, Bob McKenney, Kayla Purcell, and Bishop Grimes Jr./Sr. High School from and against any and all liability for loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, suffered by me and/or my child arising from his/her participation in this program. **I also grant permission for KJ Volleyball Camp/Mac's Hoop Star to use my child's photo on the website or social media for promotion of the camp.**

Parent Guardian Signature: _____

Parent/Guardian Name (PRINT) _____ Date: _____