



2024 DCHS VOLLEYBALL YOUTH CLINIC REGISTRATION FORM

WHO: Girls entering grades 3-8

WHAT: Volleyball Skills and Fundamental Camp hosted by DCVB

**All skill levels welcome!*

WHERE: Daviess County High School

**4255 New Hartford Road*

WHEN: July 16th and 17th 8-10am

COST: \$50

Please complete the registration form below in order to participate.

When submitting forms and payment, please return to the front office of Daviess County High School or mail to the address listed above. Checks should be made payable to DCHS Volleyball.

Participant First Name: _____

Participant Last Name: _____

Grade for the 2025-2025 School Year: _____

Preferred tshirt size. (Circle one. Y=youth A=Adult) **Preferred size is not guaranteed.*

YS YM YL AS AM AL AXL A2XL

Emergency Contact (First and Last Name, Relation to Student, and Cell Phone Number)

Waiver: I hereby authorize the directors of the DCHS Volleyball Youth Camp to act for me according to their best judgment in any emergency, and I waive and release the camp, DCPS Board of Education, coaches, administrators, players, and associates from any liability for injuries sustained while at camp. I also certify that my child is medically fit to participate in this program. (Insurance is the responsibility of the parent/guardian.)

Parent/Guardian Signature: _____

Parent/Guardian PRINTED Name: _____

Date: _____/_____/_____

**We are looking forward to youth clinic! If you have any questions or concerns, please contact Coach T at tyla.baley@daviess.kyschools.us*