



# BBH VOLLEYBALL CAMP

The BBHHS Volleyball Program will host a volleyball camp for girls & boys entering grades 1-8 in the 2022-2023 school year. The high school coaches and athletes will instruct campers on fundamental volleyball skills and game-like situations.

<b>LOCATION</b>	Brecksville-Broadview Heights High School Gym
<b>DATES</b>	June 13,14,15
<b>GRADES (2022-2023 year)</b>	1st - 8th
<b>TIME</b>	9:30am - 11:30am
<b>COST per Camper</b>	\$75 (add
<b>ST. BASIL PSR SUMMER SCHOOL OPTION</b>	We are offering a 1 day camp for you: June 13th 1-3 \$25

\*Campers should bring a water bottle and wear athletic clothing and shoes.

**Camper Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**T Shirt size (please circle): Youth: S M L Adult: S M L XL**

PLEASE LIST ANY MEDICAL CONDITIONS/ALLERGIES:

\_\_\_\_\_  
We hereby request you accept this application for enrollment of my child for the 2021 Brecksville-Broadview Heights Volleyball Camp. In consideration of your acceptance of the application, I hereby release the Brecksville-Broadview Heights City School District and all of its employees from claims on account of injuries which may be sustained by my child while attending or as a result of participating in the camp. We also agree to indemnify, defend and hold harmless the Brecksville-Broadview Heights City School District and all of its agents and employees from and against any and all claims, demands, suits and liability that may hereafter be presented as a result my child's participation in the camp. I recognize the physical nature of the camp activity and assume on behalf of my child the risk of injury inherently associated with participation in the camp. In the event of sudden illness or accident which I cannot be reached, I authorize the camp to have my child transported to an appropriate medical facility. I also consent to the performance of such treatment and/or emergency procedures as deemed necessary or advisable by the medical staff member in charge of the emergency receiving room.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_

Return this form and make checks payable to:  
Brecksville Broadview Heights Athletic Department Attn: Coach Dubasak  
6380 Mill Road, Broadview Heights, Ohio 44147  
For any questions please contact Coach Dubasak at [dubasaka@bbhcsd.org](mailto:dubasaka@bbhcsd.org)