



2024 Louisa-Muscatine Volleyball Camps

Forms can be mailed to Jamie Pugh 17398 County Rd. G44X, Letts 52754, or brought on first day of camp. To guarantee a shirt given at time of youth camps, register by August 1st. After Aug. 1st t-shirts may be given after camp

High School Camp \$25 (make checks payable to LM School) Grades 9th-12th	August 5th, 6th, 7th 8:00-11:00am @LM High School
Name of Athlete _____	Entering Grade _____
T-shirt size ___Adult Small ___Adult Med. ___Adult Lg. ___Adult XL ___Adult 2X	
I will be attending all 3 days ___yes ___no <i>If no, circle days I will attend: 5th 6th 7th</i>	
Parent Contact: _____ Phone # _____	
List any Medical Conditions:	
Consent Statement on back: I have read and agree to the terms of the consent agreement for (athlete's name) _____ to participate in the Louisa Muscatine Volleyball Camp	
Parent Signature _____ Date _____	

Youth & JH Camp \$20 (make checks payable to LM School) @LM High School	August 14 5th & 6th Grade 5:30-7:30pm August 15 7th & 8th Grade 5:30-7:30pm
Name of Athlete _____	Entering Grade _____
T-shirt size ___Youth lg ___Adult small. ___Adult med. ___Adult lg	
Parent Contact: _____ Phone # _____	
List any Medical Conditions:	
Consent Statement on back: I have read and agree to the terms of the consent agreement for (athlete's name) _____ to participate in the Louisa Muscatine Volleyball Camp	
Parent Signature _____ Date _____	

LM Volleyball Consent and Waiver Form

This to certify that _____ (Camper's name) is physically fit to participate in all activities at the volleyball camp. LM Girls Volleyball Camp Release and Waiver of Liability: I understand that playing or participating in the above sport(s) may be a potentially dangerous activity with the risk of injury. I am aware that the dangers and risk of my child/ward playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities and the effects of weather, including heat and humidity. I understand that my child/ward may incur a serious injury. I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the camp. I have advised the coach of any limitations on my child/ward's activities for medical reasons. I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and further, to waive, release, discharge and hold harmless Louisa Muscatine School District and their respective employees, coaches, camp instructors and volunteers from any and all liability actions, causes of actions, claims or demands for personal injury, or property damage of any kind or nature, and any other claim whatsoever arising out of, or in any way connected with my child/ward playing and participating in the above sport and camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I hereby consent to permit the coach and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.