

WE WANT U!

JOIN UT HIGH SCHOOL VOLLEYBALL FOR CAMP!



**WORK ON FUNDAMENTALS AND SKILLS WITH OUR HIGH SCHOOL
COACHES AND PLAYERS!**

.....

**REGISTER THROUGH UT'S WEBSITE OR SEND A PAPER COPY TO
UT ATHLETIC OFFICE.**

.....

PLEASE FILL OUT THE FOLLOWING FORM AND SUBMIT TO UT FRONT OFFICE.

MAIL TO 1275 AVENUE OF THE CITIES, EAST MOLINE, IL 61244
OR COMPLETE ONLINE REGISTRATION

WRITE THE GRADE YOUR PLAYER IS GOING INTO FALL OF 2022: _____

FIRST AND LAST NAME OF PLAYER: _____

GUARDIANS FIRST AND LAST NAME: _____

EMERGENCY CONTACT NUMBER: _____

PLAYER'S SHIRT SIZE:

ADULT SMALL ADULT MEDIUM ADULT LARGE

ALL PAYMENTS MUST BE RECEIVED BEFORE THE PLAYER BEGINS THE CAMP!

9TH-12TH: 7.10.2023-7.13.2023

8-10 A.M. - 11-12 A.M. \$75



LIABILITY RELEASE FORM LIABILITY WAIVER: I HEREBY
RELEASE AND FULLY DISCHARGE THE UNITED TOWNSHIP
SCHOOL DISTRICT #30, ITS AGENTS, EMPLOYEES, COACHES
AND VOLUNTEERS FROM ANY AND ALL LIABILITY FROM
INJURIES RESULTING FROM MY SON/DAUGHTER
PARTICIPATING IN THE LADY PANTHERS VOLLEYBALL
SUMMER CAMPS. I, HAVE READ THIS RELEASE FORM AND
UNDERSTAND ALL ITS TERMS. I HAVE EXECUTED IT
VOLUNTARILY AND WITH KNOWLEDGE OF ITS SIGNIFICANCE.
IN CASE OF AN EMERGENCY, DO YOU WANT THE STAFF TO
SEEK MEDICAL CARE? YES / NO (CIRCLE) INSURANCE &
MEDICAL CARE: MEDICAL EXPENSES RESULTING FROM
INJURIES AT CAMP ARE TO BE COVERED BY YOUR FAMILY
POLICY. FAMILY HEALTH INS. CO. _____
PARENT/GUARDIAN _____
DATE _____

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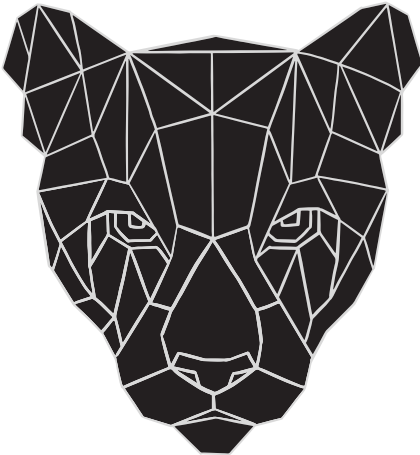
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K-8TH: 7.18.2023-7.20.2023

K-4TH: 9A.M. - 10:30 A.M. \$40

5TH-8TH: 10:30 A.M. - NOON \$75



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