Kellogg Community College

Summer Volleyball Camps

Join Kellogg Community College’s Head Volleyball Coach and KCC team members for camps that will focus on the most important volleyball basics, passing, setting, hitting, blocking and serving.

WHERE: Battle Creek YMCA Multi-Sports Center

WHEN: 5th-7th Grades
   July 25-27
   Mon & Tue, 9 am-3 pm
   Wed, 9 am-12 pm

   8th-12th Grades
   July 27-29
   Wed, 2-5 pm
   Thu & Fri, 9 am-3 pm

FEES: $60  Includes camp t-shirt

NOTE: ● Campers should pack a lunch for longer camp days
      ● Payment is due with camp registration
      ● Each camper must have a signed medical release & waiver to participate

TO REGISTER

MAIL
Complete registration form and release and waiver of liability & mail with payment to:
Lifelong Learning, 450 North Ave, Battle Creek MI 49017

PHONE
Call Lifelong Learning at 269.965.4134 to register by phone using a credit/debit card

FAX
Fax completed registration & waiver to 269.565.2129

IN PERSON
In the Lifelong Learning Office, KCC Main Campus, Ohm Building, Room 102
2016 Volleyball Camp Registration Form

CAMPER INFORMATION
NAME ____________________________________________________
GRADE __________ DATE OF BIRTH ________________________
ADDRESS _________________________________________________
CITY/ST/ZIP _______________________________________________
TSHIRT SIZE youth: S M L XL adult: S M L XL
PARENT EMAIL ____________________________________________

PAYMENT INFORMATION
Make checks payable to Kellogg Community College
_____ CASH _____ CHECK _____ CHARGE
CREDIT CARD NUMBER _____________________________________
EXPIRATION DATE _______ / _______

PARENT/GUARDIAN INFORMATION
EMERGENCY CONTACT _____________________________________
PHONE 1 _________________ PHONE 2 _________________
EMERGENCY CONTACT _____________________________________
PHONE 1 _________________ PHONE 2 _________________

CONSENT TO PHOTOGRAPHY (please initial)
_____ I grant permission to KCC to include my child in any photograph taken during the camp
_____ I do not grant permission to KCC to include my child in any photograph taken during the camp

RELEASE FOR MEDICAL TREATMENT
Since most students attending the camp are under 18 years of age, it is necessary that Kellogg Community College have the permission of parents/legal guardians to administer treatment in the event of an accident or sudden illness. If you are 18 years of age or older, sign your name.
Name ____________________________________________________
Date of last tetanus immunization __________________________________
Any allergies to medicines? Please list: __________________________________
_____________________________________________________________
I hereby authorize any medical treatment which may be advised or recommended for ________________________________ (camper) while at Kellogg Community College.

RELEASE AND WAIVER OF LIABILITY
The undersigned hereby acknowledges that participation in this camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown injuries, damage to property, and the consequences thereof, resulting from the registrant’s participation in or involvement with this camp, including and failure of equipment or defect in the premises.
I hereby state that I am the legal guardian of said child and agree to the above statement:
_________________________________________ Date ____________
Print Name ____________________________________________________