



Hamilton Township Youth Volleyball League

GRADES : K – 6th

COST : \$40 (includes a t-shirt) – cash or make check payable to “Hamilton Township High School”
****Return this form and payment on the last day of youth camp, or mail in payment and form by Wednesday, August 11th to be guaranteed correct shirt size.****

The Green-n-Gold Spikers clinics will give your daughter a chance to work with your High School Coaching Staff. It will also give the participants a chance to work with high school players and watch them demonstrate specific skills. The clinics will feature fundamentals, competitions, and drills used at all levels in our volleyball program.

Green-n-Gold Spikers Schedule

Monday, August 23rd - Practice 5:00-6:00

Monday, August 30th – Practice, 5:00 - 6:00

Tuesday, September 7th – Youth Day at Varsity Match -

****Wear your shirt and be introduced at the Varsity Match!!!****

Monday, September 13th – Practice, 5:00 - 6:00

Monday, September 20 – Practice, 5:00 - 6:00

Monday, September 27th – Practice, 5:00-6:00

**QUESTIONS: Contact Coach Forrest at kforrest@hlsd.org
Mail this form and registration fee (\$40) to the following address:
(make checks payable to “Hamilton Township High School”)**

**Hamilton Township High School
Katie Forrest
775 Rathmell Road
Columbus, OH 43207**

LEAGUE REGISTRATION & RELEASE

Student Name _____

Grade (2021/2022SCHOOL YEAR) _____

T-Shirt Size (Circle One) Youth Sizes: YS YM YL Adult Sizes: AS AM AL AXL

Emergency Contact & Phone Number _____

Parent Email Address _____

Facts concerning the child's medical history, including allergies, medications being taken and any physical impairments to which a physician should be alerted:

PERMISSION/MEDICAL RELEASE: The above student has my permission to participate in the Hamilton Township Youth Volleyball League. I hereby agree that the participant above has been examined and found to be in good physical health. I have no knowledge of any physical impairment that would affect or be affected by this child participating in the league. In addition, I agree that the participant is physically fit and able to take part in vigorous activity and should any illness or injury occur, I give consent to allow medical treatment for the participant. I am aware that injuries may occur during the practices or games and I waive, release, and forever discharge Hamilton Local Schools, the Board of Education, the employees, and the league authorities from any and all injuries. In addition, I understand that the league authorities are not responsible for any accidents, medical or dental, incurred during the course of instruction given by staff, and said staff is to be held blameless. I also understand that cooperation and behavior are important and should the participant behave in any way deemed inappropriate, the league coordinator may expel her from the league and the fee will not be refunded. Once a fee is paid, there will be no refunds.

SIGNATURE _____

(Parent or Guardian)