

**APPLICATION:**

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Grade Entering for Fall 2018: \_\_\_\_\_

School: \_\_\_\_\_

Best Parent E-mail:  
\_\_\_\_\_

Best Phone Number:  
\_\_\_\_\_

T-Shirt Size (YM-XL):  
\_\_\_\_\_

**Payments: Cash or Check made out to  
"Oregon Volleyball" by June 1<sup>st</sup>  
Walk-Ins Welcomed- limited T-shirts**

2018 Clay High  
School  
Volleyball  
Camp

June 18<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup>  
Grades: Incoming  
1<sup>st</sup>-6<sup>th</sup>



If you have any questions regarding  
Clay Volleyball clinics, please contact  
Varsity Coach Carrie Wagoner at:  
Phone: 419-297-3910  
Email: cawagoner19@aol.com

Clay High School  
Seaman Road  
Oregon, Ohio 43616

# ClayEagle Volleyball Camp

**Camp Dates:**  
**June 18<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup>**  
**Time: 10-12pm**

**Cost: \$50**

**INCOMING GRADES:**  
**1<sup>ST</sup> -6<sup>TH</sup>**

**Please make checks**  
**payable to "Oregon**  
**Volleyball"**



**WE ARE ONE BIG  
VOLLEYBALL FAMILY**

## **Emergency Medical Form:**

Sport: \_\_\_\_\_  
Year: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mother Cell: \_\_\_\_\_  
Father Cell: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Doctor's Phone #: \_\_\_\_\_  
Dentist: \_\_\_\_\_  
Dentist Phone#: \_\_\_\_\_  
Preferred Hospital in case of an  
Emergency: \_\_\_\_\_

Primary Health Insurance  
Company: \_\_\_\_\_  
Insurance Policy Number/Group Number:  
\_\_\_\_\_

Policy Holder Name:  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications?  
YES NO  
If yes, please list:  
\_\_\_\_\_

Do you have any type of allergies?  
\_\_\_\_\_

## **Emergency Contact:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

