



# St. Charles Volleyball Camps 2 25

**\*\*\* OPEN TO BOYS AND GIRLS \*\*\***

Jump into the action! We're serving up 4 days of unforgettable volleyball fun. The St. Charles Volleyball Camps will focus on basic fundamentals of the game for the beginner, as well as advanced tips and drills for the more experienced player. Both individual and team concepts will be introduced. Through daily drills and game situations players will gain a better understanding of the game.

Questions, please contact Mr. Carpenter: [tcarpenter@stchbs.org](mailto:tcarpenter@stchbs.org) or (612-787-1145). Thank you and have a great summer!

**When:** Monday, June 16 – Thursday, June 19, 2025

**Who:** Boys & Girls currently in 3<sup>rd</sup> – 8<sup>th</sup> Grades

**Time:** 8:30-10:00 a.m. (current 3<sup>rd</sup>- 5<sup>th</sup> graders)  
10:00-11:30 a.m. (current 6<sup>th</sup> – 8<sup>th</sup> graders)

**Where:** St. Charles Gymnasium --2727 Stinson Blvd. N.E. St. Anthony, MN

**What to bring:** Water bottle, athletic shoes, shorts, t-shirt, knee pads, and willingness to have fun!

**\*Cost:** \$75.00 per athlete (Please do NOT send payment...this will be billed through TADS)

**Please fill out the application below and return it to St. Charles by Friday, May 30<sup>th</sup>.**

**(Please keep the top portion for your records. Thank you.)**

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**FAMILY INFORMATION**

Student/Participant \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Best Phone # to Reach You During Camp: \_\_\_\_\_ e-mail \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_,

Printed Parent or guardian's name

Printed Child's name

to participate in this school activity. This activity will take place under the guidance and direction of school employees and/or volunteers from St. Charles Borromeo School.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Charles Borromeo School its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

**Name & relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specific Medical Information:** The parish/school will take reasonable care to see that the following information will be held in confidence.

**Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations - Date of last tetanus/diphtheria immunization: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Please return this form by May 30<sup>th</sup> !**