

Permission to Treat Form

I authorize camp and/or school personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while s/he is involved in the MLHS Sports Performance camp. Furthermore, I authorize the PHYSICIAN and HOSPITAL STAFF to treat my son/daughter as they deem necessary in the emergency situation.

Parent/Guardian Signature

Date

Insurance Carrier

Policy #

Known allergies

Medical Conditions and/or Medications

Father's Full Name

Emergency Phone

Mother's Full Name

Mother's emergency phone:

Family Doctor's Name Phone

Family Dentist's Name Phone

\$ _____ Total enclosed

Thank you for registering!

**Please send this completed form and all camp fees payable to:
MLHS Summer Camps
PO Box 228
Northrop, MN 56075
(or register and pay online)
Confirmation will be e-mailed.
God bless your off-season training!**

Foundations of Sportsmanship

Confidence

- Psalm 139:13-16

Teamwork

- 1 Peter 4:10

Perseverance

- Philippians 3:13-14

Do Your Best

- 1 Corinthians 9:24

No Giving Up

- Galatians 6:9



VOLLEYBALL CAMPS

for boys & girls

ALL SKILLS CAMPS
June 21-23
Grades 5-9



Camps with a Christian Perspective

REGISTER EARLY



Led by Coach
Paul Steinhaus

at:

**Martin Luther
High School**

315 Martin Luther Drive
Northrop, MN 56075



www.martinlutherhs.com

School phone: 507-436-5249

Cell phone: 507-236-9488

E-mail:

paulsteinhaus@martinlutherhs.com

**Sign up early to make sure
you receive a t-shirt!**

**Register and pay at
www.martinlutherhs.com
or mail in.**

All grade levels are 22-23 school year

All Skills Camp—Grades 5-9

Camp Date June 21-23

**Focus on the Skills & Development
8 a.m. to Noon**

We will emphasize

1. Passing
2. Setting
3. Hitting
4. Serving
5. Blocking
6. Team Movements
7. What it means to be a
good teammate

**Cost: \$75/athlete/session
Includes a camp t-shirt**



All Skills Camp Volleyball Registration

Return to MLHS as soon as possible

Athlete's Name _____

Grade 22-23 school year _____

Boy or Girl _____

Elementary School _____

Parent's Name(s) _____

E-mail _____

Address _____

City _____

State _____

ZIP _____

Home Phone _____

Cell Phone _____

T-shirt Size needed: (Adult size)

__ XSmall __ Sm __ Med __ Lg __ XLG

Photo Release Form

Yes, you have permission to include photos of
my child in press releases to the local media and
on www.martinlutherhs.com

Parent Signature _____

(over)