

## 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 Volleyball 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

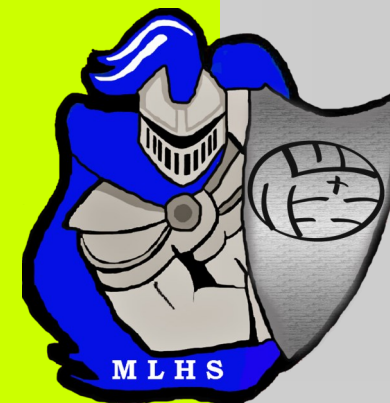
**July 17-20**

**8:30-11:30-Grades 6-9**

**\$50**

**12:00-1:30-Grades 3-5**

**\$30**



**Camps with a Christian Perspective**

**REGISTER TODAY**



**Led by ML ALUM:  
Michaelah Petrowiak '21  
& Kambria Steinhaus '22**



**at:  
Martin Luther Jr/Sr  
High School  
315 Martin Luther Drive  
Northrop, MN 56075  
www.martinlutherhs.com**

**School phone: 507-436-5249  
Michaelah's phone: 507-848-6343  
Kambira's cell: 507-432-5819  
E-mail:  
postmaster@martinlutherhs.com**

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

**All grade levels are 23-24 school year**

## **All Skills Camp**

**Camp Date July 17-21**

**Focus on the Skills & Development**

### **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**



## **All Skills Camp Volleyball Registration** Return to MLHS as soon as possible

\_\_\_ a.m. camp, grades 6-9 \$50

\_\_\_ p.m. camp, grades 3-5 \$30

Athlete's Name \_\_\_\_\_

Grade 23-24 school year \_\_\_\_\_

Boy or Girl \_\_\_\_\_

Elementary School \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

☐

### **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)