



**Crusader Volleyball Camp**  
June 24<sup>th</sup>, 25<sup>th</sup>, 27<sup>th</sup> and 28<sup>th</sup>  
Ages: 8-18  
6:00 pm – 8:00 pm

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**Cost per Participant**  
\$65.00

Cost will cover registration, equipment, prizes, camp t-shirt, etc. for campers. Participants need to be registered by June 1<sup>st</sup>. Fees are fully refundable before June 1<sup>st</sup>; after this date, a refund may be issued for \$35.00. We cannot guarantee a t-shirt for a camper registered after June 1<sup>st</sup>.

**Meet Our Trainer: Mrs. Barbara Beckelhimer**

Barb played high school volleyball at Seton High School where her team won the Ohio State Championship two years in a row (runner-up Sophomore year). She went on to play at the University of Tennessee for one year, then transferred to the University of Cincinnati and played three more years. She was team MVP for two seasons as a Bearcat. Barb coached at Seton High School from 1990-1995, taking her team to the Regional finals two years in a row. She has coached CYO volleyball teams at St. Susanna and St. Margaret of York. Barb has also coached Club Hawk 10's and 11's club team. She is also an OHSAA volleyball official. Barb has been our Crusader Volleyball Camp trainer for the past three years.

**Our Objective:**

To receive solid instruction and to improve basic skills needed for volleyball through training in a fun, uplifting, Christian environment. Participants will be evaluated and grouped according to their skill level and/or positions. Coaches will be able to take notes and assist the trainer in drills and exercises which they can implement in their upcoming season.

**Girls Dress Code**

- Loose-fitting athletic shorts (must be knee length)
- T-shirt (high necklines, no tank tops)
- Athletic shoes

**All players must go by EBCS dress code.**



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**What to Bring:**

**Participants**

- Knee Pads
- Water Bottle or Sports Drink (1 liter is preferred)
- Insurance card (first night only – for registration)

**Coaches**

- Notepad
- Pen
- Medical Forms for participants
- Copies of Registration papers

**There will be no seating available during camp, because of this, anyone other than participants and coaches will not be permitted in the gymnasium. Parents may drop-off students at the camp 15 minutes before camp to begin warming up and may pick up students at the camp ending time.**

Due to religious convictions, if a camper must wear a skirt, we ask that they wear shorts or spandex underneath their skirts. By doing this, all girls will remain modest while doing drills.

\*Coaches are required to have all students fill out a medical history form. Coaches are responsible for keeping these forms throughout the week in case of an emergency situation during camp. One head coach per team is free during camp; any additional coaches or assistant coaches must pay the participant fee.

**Emmanuel Baptist Church School  
Volleyball Camp Registration**

**Participant Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

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

T-shirt Size:

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

**Parent/Guardian Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

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

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

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

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

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I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks involved in sports activities. I further indemnify and save Barbara Beckelhimer, Emmanuel Baptist Church School, Emmanuel Baptist Church and its affiliates, employees, volunteers and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during her visit at summer camp. I further understand that Emmanuel Baptist Church, and Emmanuel Baptist Church School does not provide medical insurance coverage for the participant, and any medical expense will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed medical professional in the event of any injury, accident or illness, or other situation that may require medical attention. I understand the enclosed registration fee is nonrefundable and nontransferable. Any noncooperative or noncompliant participants will be subject to dismissal.

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Parent or legal guardian's signature  
(if participant is under 18 years)

Relationship to participant

Date

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Participant's signature

Date

Send this signed form by mail to Emmanuel Baptist Church School, 495 Old 122 Road, Lebanon, OH 45036 or by fax to 513-932-1832.

**EBCS Volleyball Camp  
MEDICAL HISTORY**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Email) \_\_\_\_\_

**MEDICAL QUESTIONS**

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking:

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

Do you have any allergies?    Yes    No

If yes, please identify specific allergy below.

Medicines            Pollens                      Food                      Stinging Insects

Explain "Yes" answers below.

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

1. Has a doctor ever denied or restricted your participation in sports for any reason? \_\_\_\_\_

2. Do you have any ongoing medical conditions? If so, please identify below:

Asthma      Anemia      Diabetes      Infections/Other: \_\_\_\_\_

3. Have you ever had surgery? \_\_\_\_\_

Explain "Yes" answers below.

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

4. Do you cough, wheeze, or have difficulty breathing during or after exercise? \_\_\_\_\_

5. Have you ever used an inhaler or taken asthma medicine? \_\_\_\_\_

6. Have you ever passed out or nearly passed out DURING or AFTER exercise? \_\_\_\_\_

7. Is there anyone in your family who has asthma? \_\_\_\_\_
8. Does your heart ever race or skip beats (irregular beats) during exercise? \_\_\_\_\_
9. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
- ☐ High blood pressure   ☐ A heart murmur   ☐ High cholesterol   ☐ A heart infection   ☐ Kawasaki disease

Other: \_\_\_\_\_

10. Have you ever had a head injury or concussion? \_\_\_\_\_
11. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems? \_\_\_\_\_
12. Do you have a history of seizure disorder or epilepsy? \_\_\_\_\_
13. Have you ever had an unexplained seizure? \_\_\_\_\_
14. Have you ever become ill while exercising in the heat? \_\_\_\_\_
15. Have you ever had any broken or fractured bones or dislocated joints? \_\_\_\_\_

Explain "yes" answers.

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

16. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? \_\_\_\_\_
17. Have you ever had a stress fracture? \_\_\_\_\_

Any other medical information you feel we should know (that is not listed above):

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

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Student \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

The student has family insurance      Yes      No

If yes, family insurance company name and policy number:

\_\_\_\_\_.