



John Marshall Basketball Youth Camp

For: Boys and Girls entering grades 3-8

Dates: June 16th, 17th, and 18th

Time: Girls: 9 – 10:30 AM; Boys: 10:30 – 12 PM

Place: John Marshall High School Gymnasium

Cost: \$30 (T-shirt included)

***Please remove and return the bottom of this page, along with payment, by Sunday, June 14th. Make checks payable to John Marshall High School. Send to Brock Melko at 48 Orchard Lane, Wheeling, WV 26003.**

Acknowledgment and Waiver of Liability: As a parent/guardian of a camper, by signing this form, I acknowledge and knowingly assume all risks associated with my son/daughter participating in the camp, and I acknowledge that injury may even arise from negligence by the participants or others and I assume full responsibility for the participation of my son/daughter. I hereby release John Marshall High School, the athletic department, camp directors, coaches, medical staff, and other campus personnel from any claims or responsibility for any injuries suffered at the camp. Since the camp does not provide medical insurance for campers, it is my responsibility to pay for all off-site medical treatments that may be needed. I have reviewed the information relating to the camp and I certify that my son/daughter is in good physical condition and can participate in the JMHS basketball camp.

Signed, _____

Camper Name: _____ Gender: _____ Grade: _____

Parent/Guardian Name: _____ Phone Number: _____

T-Shirt Size (Check One): YS ___ YM ___ YL ___ AS ___ AM ___ AL ___

Payment Type: Cash _____ Check _____

John Marshall High School
YOUTH SOCCER CAMP

The varsity soccer players of John Marshall High School would like to invite you and your child to join them at the 2015 youth soccer camp. It is their goal to help your children learn the basics of the game that they enjoy so much. No experience is necessary. Groups will be separated by age **and** skill level to work on dribbling, passing, shooting, defense, and much more!!!

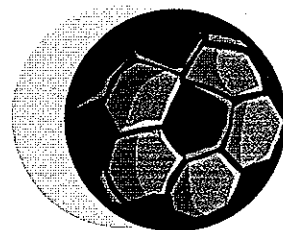
Every child will receive a t-shirt and a certificate of participation. Awards will be given in each age group for competing in various skills competitions. There will also be a team tournament at the end of each evening with awards to be given.

- For:** Boys & Girls - entering grades K-8
Cost: \$35 or \$10/day (*please make checks payable to: JM Soccer Boosters*)
Dates: June 23 - 25 Tuesday, Wednesday, Thursday
Time: 6:00 pm - 8:00 pm
Location: Monarch Soccer Field - located behind the high school

Please remove and return the bottom portion to:

JMHS Youth Soccer Camp

Attn: Cary Baker
223 Tomlinson Avenue.
Moundsville, WV 26041



* If you cannot attend every day, you are able to pay day by day for the times you can attend. Payment can be made in advance OR on the day of the camp. If you choose not to pay in advance ... you may not receive your t-shirt until the last day of camp, you will be sure to get one though. Sorry for any inconvenience.

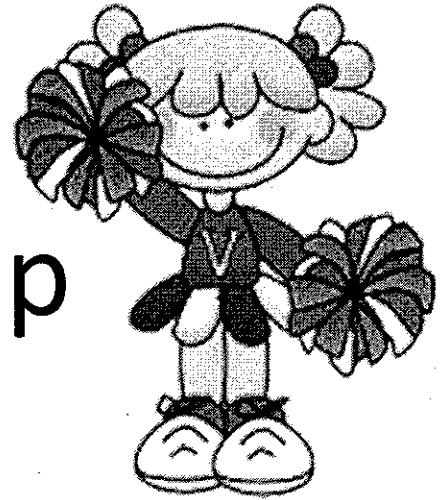
Name/Age of Participant(s): _____

T-Shirt Size: Youth: Sm Md Lg Adult: Sm Md Lg

Guardian Name: _____ **Phone Number:** _____

Home Address: _____

JM Lil' Monarch Annual Cheer Camp



When: August 6, 7 ,8

Where: JM Football Field

Time: 9-1

Grades: Pre-k-Middle School

Cost: \$40 (\$20 each additional child in the same family)

Grade Level Performance on Saturday

- * **Cheers**
- * **Jumps**
- * **Sidelines**
- * **t-shirt**
- * **Snacks**
- * **Photo with mascot**

For more information call: Cathy Whorton 304-280-5602

Mail form (on back) with payment by July 25 to:

Cathy Whorton 48 Hatfield McCoy Lane, Wheeling, WV 26003

(checks payable to JM Cheer Parent Boosters)

Without pre-registration, shirt size is not guaranteed

Information

Child's name: _____

Grade entering: _____

Address: _____

Phone: _____

Parent's Name: _____

Allergies: Y N Type: _____

Shirt size: (please circle) Youth Adult S M L XL

Additional Children

Child's name: _____

Grade entering: _____

Address: _____

Phone: _____

Parent's Name: _____

Allergies: Y N Type: _____

Shirt size: (please circle) Youth Adult S M L XL

Child's name: _____

Grade entering: _____

Address: _____

Phone: _____

Parent's Name: _____

Allergies: Y N Type: _____

Emergency Contact Info (Please provide 2 people)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Please sign and check the following:

I understand that my child's picture may be taken while attending the Lil' Monarch Cheer Camp for the purpose of advertising or promoting the event. This may be done by newspaper, TV, or related persons. If for any reason you do not want your child's picture taken, please indicate below.

_____ My child's picture may be taken

_____ My child's picture may NOT be taken.

I understand and agree that I will not hold the Marshall County School District, John Marshall High School, JM cheerleaders, coaches, or cheerleading parents responsible for any injury sustained as a result of the Lil' Monarch Cheer Camp.

Parent Signature: _____ Date: _____

Thank You For Your Support!

JM VOLLEYBALL CLINIC



124685711

When: June 24-25 10am-12pm

Where: John Marshall High School Gym

Who: All girls entering 5th grade - 8th grade

Cost: \$25 includes a T-shirt

Skill Development-
overhand serve, passing,
hitting, and setting

Competitive Drills-
focusing on skill
development

Please remove and return bottom of this page with payment by Monday June 22nd. Make checks payable to John Marshall High School. Send to **Katie Williams 601 Wheeling Ave. Glen Dale, WV 26038.**

Acknowledgement and Waiver of Liability: As a parent/guardian of a camper, by signing this form, I acknowledge and knowingly assume all risks associated with my daughter participating in the camp, and I acknowledge that injury may even arise from negligence by the participants or others and I assume full responsibility for the participation of my daughter. I hereby release John Marshall High School, the athletic department, camp directors, coaches, medical staff and other campus personnel from any claims or responsibility for any injuries suffered at the camp. Since the camp does not provide medical insurance for campers, it is my responsibility to pay for all off-site medical treatments that may be needed. I have reviewed the information relating to the camp and I certify that my daughter is in good physical condition and can participate in the JMHS volleyball camp.

Signed _____

Parent/Guardian Name: _____

Camper Name: _____ Grade entering _____

Phone Number _____ T-shirt size _____