



# 2022 Les Calles Volleyball Camp

## July 18<sup>th</sup> – 20<sup>th</sup> at OTRD Gyms

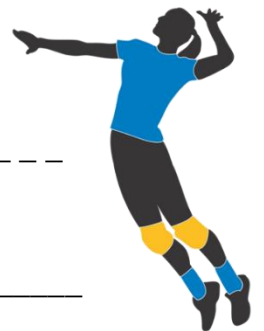
Burley Volleyball Club (BVU) sponsored by OTRD invites **Les Calles** to Mini-Cassia! Les Calles has spent his summers doing volleyball clinics from Portland, Maine to Pago Pago, American Samoa and a few hundred gyms in between. We are pleased to have him come to Burley! He has coached at BYU, UVSC (Now UVU), University of Utah, and Snow College.

**Next school year grade - 5<sup>th</sup> & 6<sup>th</sup> \$95** (T-shirt included)

**Next school year grade - 7<sup>th</sup> - 8<sup>th</sup> \$140** (T-shirt included)

Day	Monday 7-18	Tuesday 7-19	Wednesday 7-20
8:00-10:30		5 <sup>th</sup> & 6 <sup>th</sup>	5 <sup>th</sup> & 6 <sup>th</sup>
12:00-2:30	7 <sup>th</sup> & 8 <sup>th</sup>	7 <sup>th</sup> & 8 <sup>th</sup>	7 <sup>th</sup> & 8 <sup>th</sup>

*Register at [OTRD.org](http://OTRD.org) or fill out this form and make checks payable to OTRD return form and payment to the OTRD Rec Center in the outside drop box.*



Name \_\_\_\_\_

Grade \_\_\_\_\_ (2022-2023 school year) School \_\_\_\_\_

Shirt Size (circle one) YM YL AS AM AL AXL

Parent's Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Address \_\_\_\_\_

I approve my child's attendance at this summer's volleyball clinic and certify that she is in good health and able to participate in the program's drills and activities. I further release Les K. Calles and his employees, assistant volleyball coaches and all other clinic instructors including the High School Coaches, Principal, Athletic Director, School District and the State from all liability for any injuries incurred while participating in this volleyball clinic for which my child is registering. I recognize the risks inherent in athletic activities and I assume full responsibility for all injuries that may arise. I know of no mental or physical problems that may affect my child's ability to safely participate in this camp. I therefore authorize Les K. Calles and other clinic administrators to act for me according to their best judgment in any emergency requiring medical attention. I also give permission for the above child to be transported to and receive medical treatment at a local medical facility, and I agree to the payment of all expenses incurred from such transportation and treatment. I finally agree not to sue any of the persons mentioned above for any claims or liabilities that have waived, released or discharged herein; I indemnify and hold harmless the entities mentioned above for any claims or liabilities assessed against them as a result of my actions

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date