

SEAHAWK VOLLEYBALL

MIDDLE SCHOOL CAMP

PENINSULA HIGH SCHOOL

This camp is for middle school players who want to improve their skill level in the sport of volleyball.

This camp will allow students to learn and play the complete game. Each camper will receive coaching techniques for passing, setting, attacking, blocking, and serving, and will also learn offensive and defensive strategies. Appropriately paced and designed drills will be used to teach individual skills. Volleyball experience is not required to attend this camp. All incoming 9th grade students are highly encouraged to attend.

When: June 4-7, 2018

Time: After School from 3:30-6:00pm

Where: Peninsula High Aux. Gym

Fee: \$65.00

Registration due by: May 18th, 2018

Send Completed Registration to:

Peninsula High School Volleyball
c/o Coach Katrina Cardinal
14105 Purdy Dr. NW
Gig Harbor, WA 98332

Make Checks Payable to:

Peninsula High School Volleyball



CUT HERE AND SEND WITH PAYMENT

Player Name: _____ **Grade:** _____ **School:** _____ **Circle T-Shirt Size:** YM YL S M L XL

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2017 PHS Volleyball Camp sponsored by the Peninsula Volleyball program and the Peninsula School District, I hereby acknowledge that I have read, understood, and agreed to the following:

1. I acknowledge that volleyball entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well being. _____ (Parent Initials)
2. I further certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____ (Parent Initials)

Medical Information

The following special health problems should be noted: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Peninsula School District to secure emergency medical care as needed.

Emergency Contact, if I cannot be reached: _____ Phone: _____

Preferred Doctor: _____ Phone: _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Peninsula School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan: Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office for information. Although I understand that the Peninsula School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death.

Being fully aware of the risks, I hereby give permission for _____ (student) to participate in the 2017 PHS Volleyball Camp sponsored by the Peninsula School District, for the purpose of practicing fundamental skills in order to enhance skill, enjoyment, and performance level.

Parent/Guardian Name (please print): _____ Phone: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____