



2017 RED WOLVES VOLLEYBALL CAMP

MONDAY JULY 10th - WEDNESDAY JULY 12th, 2017
TWO SESSIONS

Session I: GRADES 6th - 8th 9:00 AM TO 12:00 PM

Session II: GRADES 2nd - 5th 1:00 PM TO 3:00 PM

(times subject to change depending on enrollment)

Clip here and save top section for the dates!

JOIN US FOR 3 DAYS OF VOLLEYBALL INSTRUCTION AT CEDARCREST HIGH SCHOOL IN DUVALL
PLEASE WEAR COURT APPROPRIATE SHOES AND BRING A WATER BOTTLE WITH YOUR NAME ON IT

COST: \$75 Session I: GRADES 6th - 8th 9:00 AM TO 12:00 PM
\$50 Session II: GRADES 2nd - 5th 1:00 PM TO 3:00 PM
(checks payable to CHS)

This camp focuses on teaching the fundamental skills of volleyball, including:

- Proper Footwork
 - Fundamentals of Passing and Setting
 - Arm Swing Mechanics
 - Off. & Def. positions (Drills & Skills)
 - Conditioning and Agilities
 - Rules of the Game
 - Sportsmanship & Team Building Skills

Our goal for Camp is to stress the fundamentals of the game while having fun playing volleyball Players will leave camp with simple drills that they can work on at home, every day.

Register by completing the form below and the emergency form on the reverse side of this flyer and returning it with a check for your session amount to the address at right.

PLAYER NAME: _____

AGE: _____ GRADE IN FALL 2017: _____

TELEPHONE #: _____

YOUR SCHOOL: _____

SESSION (circle): **I** **II**

T-Shirt Size (circle) YM YL Adult S M L XL

Order forms need to be received by July 1st, 2017 in order to guarantee jersey size.

Mail your registration to:

Red Wolves Volleyball Camp
c/o Kelsey Fish, Head Coach
Cedarcrest High School
29000 NE 150th St.
Duvall, WA 98019

Questions? Call Coach Fish @ 509-881-0020 or email at fishk@rsd407.org

Emergency Medical Treatment Authorization **Please Print Clearly**

Player Name _____

Parents/Guardian Name _____

Telephone _____ Cell Phone _____

Address _____

Parent/Guardians Work Phone _____

Insurance Company _____

Policy # _____

Family Physician or Health Care Provider _____

Physician/Health Care Provider Phone # _____

Preferred Hospital _____

Medical Conditions to be aware of _____

If, in the event of serious injury, your family physician or health care provider is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the coaching staff have your permission to seek medical attention from the nearest physician/health care provider?

Yes _____ No _____

If your answer is "no" please specify procedure you wish the coaching staff to follow: _____

Participation in athletics can be a dangerous activity involving multiple risks of injury. Injuries can range from abrasions and bruises, to catastrophic injuries. Careful consideration should be given to the risks and dangers associated with athletics before making a decision to participate.

I/We, the undersigned, do hereby release, absolve, indemnify and hold harmless Cedarcrest High School, the Coaches, Player Coaches, Guest Coaches, and Volunteers from any liability during my/our child's participation in this volleyball camp. I/We assume all risk and hazards incidental to my/our child's participation in this volleyball camp.

Parent(s)/Guardian Signature _____

Date _____