



# 2018 RED WOLVES VOLLEYBALL CAMP

MONDAY JULY 9th - WEDNESDAY JULY 11th, 2018  
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 2018: \_\_\_\_\_

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, 2018 in order to guarantee jersey size.  
2018 Volleyball Camp July 9th through July 11th

**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](mailto: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** \_\_\_\_\_