



The TP Foundation Presents the 2012
T.P.H.S. Summer Volleyball Camps
"2011 CIF San Diego Division 1 Champions"



Torrey Pines Volleyball conducts outdoor beach camps for boys and girls entering grades 4-9 and one indoor camp for boys and girls entering grades 4-8. They are designed for ALL LEVELS OF EXPERIENCE. We want your kids to enjoy QUALITY VOLLEYBALL, to acquire a love for the game, and to improve their skills. ADVANCED TRAINING OFFERED AT EACH CAMP! All camps are half day.

Camps Sessions					
Beach Camp 1	June 18-21	M-Th	9AM-Noon	Rivermouth, Del Mar	
Beach Camp 2	July 9-12	M-Th	9AM-Noon	Rivermouth, Del Mar	
Beach Camp 3	July 16-19	M-Th	9AM-Noon	Rivermouth, Del Mar	
Indoor Camp 1	Aug. 6-9	M-Th	9AM-Noon	Torrey Pines Gym	
(**Indoor Camp is for entering grades 4 th – 8 th only)					

Schedule & Cost

All camps are Monday – Thursday,
9:00 AM-12:00 PM

Check in for all camps begins at 8:45 AM

Camp Fees: \$180/Session

Walk-up registration is available.

Partial Scholarships Available

▪ **Director - Head Coach Brennan Dean
Torrey Pines High School**

- 20 League Titles
- 14 CIF Championships
- 3 State Finals Appearances

- Age/Skill specific grouping
- Daily Focus on Skill Development
- Specialized Training
 - Individual Skills & Offensive/Defensive Systems
- Varied and motivational drills
- Focus on sportsmanship & teamwork
- Games, candy and prizes

To register complete page 2:

- Indicate camp selection
- Sign consent/waiver
- Attach full payment**

Cancellations: Reservations must be cancelled no later than 14 days prior to the scheduled camp in order to receive a full refund.

**** Full payment due with application.**

Please make checks payable to:

TPHS Foundation/Girl's Volleyball
P.O. Box 2489
Del Mar, Ca. 92014-1789

Foundation Tax # 33-0580018

SDUHSD APPROVED

What to Bring

- ❖ Water/Sports Drink
- ❖ Snack
- ❖ Beach Camp – Sunscreen, towel, & socks

For more information visit us at:

www.tpvolleyball.com

Coach Brennan Dean

(858) 342-7694

brennan.dean@sduhsd.net

Sponsor's website – www.asics.com

PARENTAL CONSENT FOR Volleyball Camp

As the parents or legal guardian of the child _____, I hereby give my full consent and approval for my child to
(Participant)
participate in the camp, clinic or tournament of the Torrey Pines High School Foundation.

I authorize the Torrey Pines High School Foundation to use any photograph or article about my child for publicity purposes. I understand that violation of camp, clinic or tournament rules may result in dismissal from the camp, clinic or tournament with all fees/tuition forfeited. Additionally, I/We have read, understand and agree to the Torrey Pines High School Foundation refund policy.

I/We understand that the Torrey Pines High School Foundation carries the Group Accident Insurance Coverage for medical and hospital expenses, with a given deductible and a specified maximum for each accident incurred. The camp, clinic or tournament is considered as secondary, when there is a valid collectable coverage provided by the parents separate insurance. In executing the foregoing I/We undersigned hereby acknowledge and represent that: (A.) I/We, understand that any claim for medical service which arises out of injury must be reported to the camp insurance administrator, immediately and within THREE (3) DAYS of the date of injury; (B) I/We have read the foregoing release and understand it, and sign it voluntarily. I/We understand that my Registration Fee or other sum paid does not constitute payment for insurance.

In the event of an emergency in which my child requires medical care, I authorize the staff of Torrey Pines High School Foundation's above listed activity to act for me and to obtain for him/her whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. I specifically consent to such treatment, but not limited to, hospitalization and surgery and will be responsible for any medical or other charges in connection with his/her attendance at the camp, clinic or tournament.

Please list any physical or emotional limitation(s) your child may have (allergies, sight, asthma, heart murmur, high blood pressure, etc.)

RELEASE AND WAIVER

I understand that there are certain risks of injury inherent in participating in the camp, clinic or tournament sessions, as well in traveling and other activities incidental to my child's participation in same and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I further acknowledge that my child will be participating in activities that may involve, among other things physical contact of the body with other persons or objects including the ground, that at the camp my child may incur a risk of injury. I specifically waive and release Torrey Pines High School Foundation, Torrey Pines High School and San Dieguito Union High School District, their lessors, sponsors, directors and staff from any liability for any claim for damages which I/We or my child may have for injuries or illness that he or she may sustain, whether the result of gross negligence or any other causes.

Waiver of California Civil Code S1542.

In furtherance of the foregoing releases, the parties expressly waive any and all rights and benefits conferred upon them by the provisions of Section 1542 of the California Civil Code, which provides:

"A General Release does not exceed to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

The settling parties each acknowledge that they have discussed with their attorneys the significance and effect of waiving the provisions of Section 1542 of the California Civil Code, an warrant that this waiver is informed, knowing and voluntary.

Check Camp Selection: Beach 1 _____ Beach 2 _____ Beach 3 _____ Indoor Camp _____

Print Name of Participant Grade Completed Volleyball Experience

Mailing Address Zip Home Phone

Emergency Contact Name Relationship to Participant Emergency Contact Phone

Parent/Guardian Signature for Consent, Release & Waiver Date Print Parent/Guardian Name

Parent/Guardian Email Parent/Guardian Cell