SUMMER BEACH VOLLEYBALL SKILLS CAMP AND MINI LEAGUE FAIRPORT VOLLEYBALL CLUB

WHO

All interested incoming 7th through 10th grade students.

WHAT

Beach Volleyball Skills Camp and Mini-League **Jordan Ingerick**, FCSD Varsity Boys' Assist. Coach, Former FCSD JV and Varsity Volleyball Player.

Chris Hare, Victor Volleyball Club 14u Boys' Head Coach., Former Pace Volleyball Club Coach, and Former FCSD JV and Varsity Volleyball Player.

Maureen Aguglia, Former FCSD Mod. Volleyball Coach **Heather Bitgood**, Division I College player, Former VolleyFX Volleyball Club Player, Former FCSD JV and Varsity Volleyball.

WHEN

Mondays - July through August (7/1, 7/8, 7/15, 7/22, 7/29, 8/5, 8/12, 8/19, and 8/26). 3:00 p.m. – 5:00 p.m.

WHERE

Fellows Road Park – Sand Volleyball Courts 499 Fellows Road, Perinton, NY

WHY

Improve your court game! Stay in shape for Varsity, JV, and modified tryouts. Increase your jump by strengthening your muscles on sand! Most importantly....to learn a new sport and have some fun!

HOW DO I SIGN UP

Cost is: \$80.00 per player
CHECKS ONLY – Made out to "Fairport Volleyball Club"
Send Registration and Payment to:
Fairport Volleyball Club (FVBC)
c/o Michelle Britt
1011 Fairport Road
Fairport, NY 14450
Completed form/payment due by 5/31.

WHAT MORE DO I NEED TO KNOW

All participants must be **registered** and **paid** members with WEVA. If your child is not a currently registered with WEVA – they can register with WEVA and pay an additional \$60.00 fee.

The camp and mini-league will be structured in a 2-hour format. Focus will be on the rules of beach volleyball, skills, and drills. The 2nd hour teams will scrimmage against each other.

SPACE IS LIMITED. FULL PAYMENT IS DUE BY MAY 31ST ALONG WITH COMPLETED REGISTRATION FORM.

NO REFUNDS FOR MISSED DAYS.

SUMMER BEACH VOLLEYBALL SKILLS CAMP AND MINILEAGUE

REGISTRATION FORM:

Participants Name:		
2012-2013 Registered with Western Empire Volleyball		
Association (WEVA)?YesNo If "no" – then please include an additional \$60.00 fee for WEVA Registration		
If "no" – then please include an additional \$60.00 fee for WEVA Registration		
Dinney City (Momen's and Men's ninneys will be ordered in		
Pinney Size – (Women's and Men's pinneys will be ordered in		
Adult Sizes) Please check one:SmallMediumLarge		
SirialiivieuluriiLarge		
Grade Entering: School:		
B (A)		
Parent Name:		
Parent Email:		
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Parent Cell:		
Parent Home:		
Parent Address:		
HEALTH AND LIABILITY FORM		
Please list any physical conditions that the Fairport Volleyball Club		
(FVBC) staff or a physician should be aware of (i.e. allergies, reoccurring illnesses, disabilities, chronic illnesses, etc).		
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In case of injury, I understand I will be contacted during the child's examination in the emergency department. If I am not available please contact:

Name:	Phone:
Physician:	Phone:
Insurance Co:	
Subscriber Name:	
Subscriber ID#:	
Plan #:	Group#:
hereby authorize the FV Recreation), or a physic procedures and treatmethe consent and authorivalid only during the time I understand that both the medical insurance for particular phospitalization and/or sufurther represent that suthe FVBC camp. I hereby waive and releasing and all liability for an	navailable for purposes of providing parental consent, I /BC staff at the host facility (Perinton Park and sian to provide such hospital care that provides the propernts as pertain to my child's situation. I understand that zation does not include major surgical procedures and is the my child is participating in the FVBC clinic. The FVBC staff nor Perinton Park and Recreation provides articipants, and in the event that treatment, surgery is needed, our family insurance shall be used. I such insurance is in effect during my child's participation in the event that the participation in the event that the event is participation in the event that the event that treatment, surgery is needed, our family insurance shall be used. I such insurance is in effect during my child's participation in the event that the event that treatment, surgery is needed, our family insurance shall be used. I such insurance is in effect during my child's participation in the event that treatment, surgery is needed, our family insurance shall be used. I such insurance is in effect during my child be used. I shall sh
Parent Signature: _	Date: