

2017 ALL SKILLS VOLLEYBALL CAMP

Campo Verde High School, 3870 S Quartz St, Gilbert, AZ 85297

Brian Hiapo 480-215-6075 vbhiapo@cox.net

Former Collegiate, Current USA/AAU Club and High school coaches will be teaching two weeks of volleyball skills and technique that will prepare all athletes for Junior High School, High School, Club and Collegiate competition. Free Camp T-shirt, fun competition and lots of prizes.

1st Session

July 17-20

Passing, Setting, Hitting, Blocking, Serving

2nd Session

July 24-27

Offense, Defense, Tournament play

			<u>Single Session</u>	<u>Both Sessions</u>
Boys & Girls	K-5th	12:30-2 p.m.	\$60	\$110
Girls	6th-8th	2-4 p.m.	\$70	\$130
Girls	9th-12th	4-6:30 p.m.	\$80	\$150
Boys	6-8th	6:30-8:30 p.m.	\$70	\$130
Boys	9th-12th	6:30-9 p.m.	\$80	\$150

***** *cut and mail bottom portion with your payment* *****

Camper _____ School _____ Fall 2017 Grade _____

E-mail _____ Home/Cell Phone _____

(Print Clearly)

Address _____ City _____ Zip _____

Receive a FREE CAMP T-Shirt if registered before July 1st: (Circle One) Adult Sizes: S M L XL Youth Sizes: YM YL

1st Session only	Boy ___ Girl ___	(Check One)	K-5 ___ (\$60)	6-8 ___ (\$70)	9-12 ___ (\$80)
2nd Session only	Boy ___ Girl ___	(Check One)	K-5 ___ (\$60)	6-8 ___ (\$70)	9-12 ___ (\$80)
OR					
Both Sessions	Boy ___ Girl ___	(Check One)	K-5 ___ (\$110)	6-8 ___ (\$130)	9-12 ___ (\$150)

TOTAL ENCLOSED: \$ _____ CASH or CHECK # _____

Check payable to: VOLLEYBALL CAMP (memo: athletes name) 70 S. Val Vista Drive, Suite A3-233, Gilbert, AZ 85296

INSURANCE WAIVER: "as a condition precedent to participating in the Volleyball Camp, I, as the parent and/or legal guardian of _____ agree to maintain health insurance for my son/daughter while participating in this camp. If I do not maintain health insurance for my son/daughter, I agree to purchase the student accident insurance policy offered through the school district."

INSURANCE CO: _____ POLICY # _____

Parent Permission & Medical Release

I authorize the Camp Staff to administer general first aid treatment for any minor injuries that may occur during any camps held during 2016, for my child/player _____. If the injury sustained is life threatening or in need of emergency treatment, I authorize Camp staff to summons any professional emergency personnel to attend, transport and treat my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against Gilbert Public Schools, or its representatives as a result of any injury sustained by my child/player during the camp. In case of an emergency,

Contact: _____

Relation to camper: _____

Phone # 1: (_____) _____

Alternate Phone # 2: (_____) _____

Signature of Parent or Guardian

Print name of Parent or Guardian

Date