



Who: Players in grades 1st – 4th

When: June 4, 6, & 8
6:00pm – 7:30pm

Where: **Olympia** High School, Gyms
Please enter through Auxiliary gym lobby

Cost: \$45

Includes: 4.5 hours of volleyball instruction from the coaches and players of the *Olympia Bears*; a low player to coach ratio; *scrimmage* at the end of each session; and a camp t-shirt **or**, string backpack.

Goal: Provide aspiring young players instruction in the fundamental skills of volleyball, including – passing, setting, serving, & hitting - while promoting **FUN**, sportsmanship, teamwork and a love of the game. Skills will be integrated into group and game-like drills, while delivering a maximum number of ball contacts and positive feedback.

Sign-up: Complete the registration form on the next page

Send registration and checks or cash to:

Laurie Creighton
Olympia H. S.
1302 North St.
Olympia, WA 98501

Checks payable to: **OHS ASB Volleyball**

*Please return registration by 5/29/18 to guarantee a T-shirt or string backpack
(If you pay and cancel there will be a \$15 refund fee)

OLYMPIA ~~Volleykidz~~ CAMP REGISTRATION

Player Name _____ Grade _____ School _____

Parent Name _____ Cell # _____ Home # _____

Email: _____ Emergency Contact Name & #: _____

T-shirt size (circle one): YS YM YL YXL AXS AS AM AL Or. string backpack _____

My child _____ has my permission to participate in the **Volleykidz** program held at OLYMPIA High School on June 4, 6, & 8, 2018. I have reviewed the itinerary and rules concerning this activity and give permission for my child to participate.

Player Experience (circle all which apply): Beginner Y-Ball Volleykidz School team Club

Release of Liability

I expressly recognize that my child is responsible for his/her behavior and that all school rules of conduct apply while participating. I agree to hold harmless and indemnify the Olympia School District from all claims that might be filed against the school or Olympia School District, it's hired or contracted employees, instructors, officials, or agents, for any and all injuries or losses that may be suffered because of my or my child's participation in the above activity. I consent to my child's participation in the activity/program and authorize the Olympia School District employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition(s) which would interfere with his/her participation.

(Printed Name of Participant)

(Participant's Age / Grade)

(Signature of Parent/Legal Guardian)

(Date)

Enclosed: cash _____ check _____

*****Please sign both portions (above & below), and submit with payment*****

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

The purpose of this acknowledgement form is to confirm that you have read and understand the information provided you related to potential concussions and head injuries occurring during participation in athletic programs.

I, _____, as a student at _____
(Name of camper) (Name of school)

and I, _____, as a parent/legal guardian of the above-named student, _____
(Please Print Name) (Please Print Name)

have read the information material provided to us by the Olympia School District related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

Signature of Participant

Date

Signature of Parent/Legal Guardian

Date