



**Sherwood High School**  
**2018 Summer Volleyball Camp**  
**August 7-9 \$100**

**3rd-8th grade: 9am-noon      9th-12th grade: 1pm-4pm**

3rd-8th grade camp is intended for beginning to intermediate players. Campers will be split-up according to their age and skill-level. Campers will receive instruction in all the skills of volleyball. Skills will be taught at a fundamental level.

9th-12th grade camp is intended for advanced players. Campers will be split-up according to age and skill-level. Campers will be improving their fundamental skills, as well as learning program concepts and strategies. Focus will be on getting campers ready for tryouts.

**To register:** Fill out registration form and have parent or guardian sign release form. Return both by mail with check for \$100 payable to **Sherwood Volleyball Camp.**

**Sherwood High School**  
**Attn: Jenette Brotnov**  
**16956 SW Meinecke Rd**  
**Sherwood, OR 97140**

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**Sherwood High School Volleyball Camp Registration Form**

Camper's Name: \_\_\_\_\_ Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alt. Phone(in case of emergency): \_\_\_\_\_ School: \_\_\_\_\_

Grade (Fall 2018): \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ How did you hear about camp? \_\_\_\_\_

Check Session Attending: \_\_\_\_\_ Registration Fee: \$100

\_\_\_\_ 3<sup>rd</sup>-8<sup>th</sup> Grade 9am-Noon      Adult T-Shirt Size: (circle size)      Youth T-Shirt Size: (circle size)

\_\_\_\_ 9<sup>th</sup>-12<sup>th</sup> Grade 1-4pm      XS S M L XL      S M L

**RETURNED CHECK POLICY:** There will be a \$25 charge for all checks returned due to insufficient funds.

**All camps are to be PAID IN FULL at time of registration**

**Medical Consent and Release of Liability Form**

We, the undersigned parents or guardians, hereby grant permission for our daughter, \_\_\_\_\_ to participate in the Sherwood Volleyball Camp. In consideration of being permitted to use the facilities, I hereby release said Sherwood School and its trustees, administrators, and employees from any and all liability for any damage or injury that any participant or my daughter may receive while on the premises of said school, both as to any right of action that may accrue to myself, my heirs and personal representative. This release includes all claims, demands, rights, and causes of whatsoever kind of nature arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, that hereafter may be sustained.

It is further understood and agreed that, I hereby authorize SHERWOOD VOLLEYBALL CAMP and its employees to secure the necessary services for my child in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.

**Parent/Guardian Signature:** \_\_\_\_\_

The Participant has liability insurance with: \_\_\_\_\_

Date: \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Is the player allergic to bee stings? \_\_Yes \_\_No

Dr. Phone #: \_\_\_\_\_

Does the player wear contacts? \_\_Yes \_\_No

List other allergies or pertinent physical conditions: \_\_\_\_\_