



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

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

____ 3rd-8th Grade 9am-Noon Adult T-Shirt Size: (circle size) Youth T-Shirt Size: (circle size)

____ 9th-12th 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: _____