

# 2019 Little Hawk Volleyball Camp

*Who: any 3rd-4th grade girl interested in volleyball*

*What: camp teaching the skills/game of volleyball*

*Where: Jr. High Gym When: April 2nd-4th*

*Time: 3:30-5:00*

*\*\*A coach will meet the girls at the elementary and walk them down to the jr. high\*\**

*Cost: \$25 includes a t-shirt/daily snack*

*Make checks payable to Hillsboro Volleyball*

*123 Leon Hall Pkwy. Hillsboro, Mo 63050*

*\*Forms due by March 13th to ensure you receive a t-shirt*

*\*\*Any questions contact Erin Boss at 816-898-1410 or boss\_erin@hsdr3.org\*\**

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## 2019 Little Hawk Volleyball Camp Registration Form

Name \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size (YM-XXL) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### **Participation Waiver and Medical Release**

*I feel that there are no medical reasons why my daughter cannot participate in the Hawks Volleyball Camp. This camp is designed to teach my daughter the fundamentals of volleyball. It will also emphasize the importance of sportsmanship, team play and work ethic. Coaches and older students will conduct drills, conditioning exercises, and supervise controlled scrimmage games.*

*I understand that insurance to cover medical expenses incurred as a result of participation in this activity is my responsibility. Further, I am willing to assume responsibility in the aforementioned activities. I also grant permission for the school employee in charge of the activity in which the student is participating to arrange for medical treatment, including transportation to and the admission and treatment in a hospital when necessary, in those instances where the employee believes that immediate treatment is necessary to maintain the health and physical well-being of my child. I agree to assume full responsibility for the payment of all costs incurred for such medical treatment, necessary ambulance services, and other related costs.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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