

2019 Hawk Volleyball Camp

Who: any girl entering 9th-12th grade

What: camp teaching the skills/game of volleyball

Where: High School Gym When: July 22nd-26th

Time: 8am-12pm

*** Jackson Tournament Times July 25th/26th TBA***

*Cost: \$40 includes a t-shirt & two days at Jackson Tournament***

Make checks payable to Hillsboro Volleyball

123 Leon Hall Pkwy. Hillsboro, Mo 63050

**Forms due by June 25th to ensure you receive a t-shirt*

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

2019 Volleyball Camp Registration Form

Name _____ Grade Entering _____ T-Shirt Size (YM-XXXL) _____

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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