



Indian Land High School

Volleyball Skills Camp

July 24th & 25th

9:00am – 12:00pm

7th grade – 12th grade

Indian Land High School Gym

\$100

Open to all participants

Make checks payable to: ILBC (\$100)

Checks and cash will be accepted on day of camp.

Important!

A completed Medical Release Form must be completed for a camper to participate.

Camp Director

Jerry Dorneker

Current Assistant Coach at Anderson University
Former Assistant Coach at Newberry College
First Round Win in the NCAA
Collegiate All-American
Over a dozen South Atlantic Conference
Players of the Week

Club Director and Coach
Intense Volleyball Club 8 years
AAU Nationals Runner-Up
2 Palmetto Region Open Championships
Queen City Classic Open Championship
3 High Neighbor Open Championships
Third Place Finish Big South



INDIAN LAND HIGH SCHOOL VOLLEYBALL CAMP
HEALTH AND RELEASE FORM
CAMPER CANNOT BE ADMITTED WITHOUT THIS FORM

CAMPER NAME: _____ DATE _____

Work Phone (____) _____

Cell Phone (____) _____

Emergency contact if I cannot be reached: (____) _____

HEALTH AND GENERAL MEDICAL HISTORY

If the camper should be restricted on any activities please note: _____

If the camper is TAKING ANY KIND OF MEDICATION during camp please note the drug and the dosage:

Please note any medical condition or medical history that would require special attention:

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Indian Land High School Volleyball Skills Camp. My camper has no known restrictions, or any other facts, that may limit her from participation.

Signed _____ X

Date _____

I further understand that Indian Land High School retains the right to use photographs of campers taken at camp for future Indian Land High School promotion.

Signed _____ X

Date _____

WAIVER & RELEASE

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in the sport. I further acknowledge that the camp shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of such participation. I understand that the camp will require strenuous exercise, and so requires my camper to be in peak physical condition. I understand the nature of potential risks from injury, and I agree to accept those risks. The camp director has permission to seek medical attention for my camper, and I grant permission for the physician and staff at Indian Land High School or other designated physicians to provide medical treatment in the event of injury or sickness. I understand that every attempt will be made to contact me. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I, the parent (guardian), do hereby agree to the above waiver and release.

Name of Participant (print please)

Signature of Participant

OR

Parent/Guardian (if participant is under 18) _____

Date _____

* Parent or Guardian will be contacted in case of emergency.

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____

Policy/ID Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth ____/____/____