



FORT DORCHESTER HIGH SCHOOL
VOLLEYBALL
SUMMMER CAMP
2018

JUNE 18 TO
JUNE 22
9AM - 12PM

COST \$60 PER PLAYER
\$5 OFF IF REGISTERED BY JUNE 1

PROCEEDS WILL BENEFIT FDHS VOLLEYBALL PROGRAM
T-SHIRT WILL BE PROVIDED

MAIL REGISTRATION/ENTRY FEE TO:
ATTN: FDHS VOLLEYBALL
8500 PATRIOT BLVD
N. CHARLESTON, SC 29420

PLAYERS WILL LEARN BASIC SKILLS:
-PASSING - HITTING - SERVING

FDHS VOLLEYBALL CAMP

WHO: Girls Ages 4 - 13
WHEN: June 18 - 22, 2017
WHERE: Fort Dorchester High School
TIME: 9am - 12 pm
COST: \$60 per player
Receive discounts if you ...
Register by June 1, 2018 - \$55.00

The Fort Dorchester High School volleyball players are holding their summer volleyball camp June 18th through 22nd at FDHS. Monday through Friday FDHS volleyball players will teach participants basic volleyball skills: including serving, passing, blocking, and spiking. On Friday, there will be a small tournament that parents are welcome to come watch and a celebration.

Players will need to bring their own **snacks and drink** except for Friday (snacks will be provided). A camp T-shirt is included in the fee. If more info is needed, please email Victoria Kuchler at vkuchler@dorchester2.k12.sc.us or Janel Raquet at jraquet@dorchester2.k12.sc.us

Early Registration: Mail the bottom half of this form and check made payable to **FDHS Volleyball** to 9500 Patriot Blvd, North Charleston, SC 29420 by **June 3, 2018**. **Registrations will be accepted at the door. However, a t-shirt may not be available or sizes will not be guaranteed. \$5.00 discount applies to all early registrations.

CAMPER'S NAME: _____ AGE: _____ T-shirt (circle) YS YM YL AS AM

Parent/Guardian Name: _____ Email: _____

HOME ADDRESS: _____

CITY: _____ State: _____ POSTAL CODE: _____ PHONE #: _____

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter, _____, to participate in the FDHS Volleyball Camp. I acknowledge, understand and agree that in participating at the camp there is a possibility of physical injury/illness (both acute and permanent) and that my son/daughter is assuming risk of such injury/illness by his/her participation. I assume full responsibility for my son/daughter's participation. In order that my son/daughter may receive the necessary medical treatment in the event of injury or illness, I hereby authorize the Fort Dorchester High School trainer/staff to seek medical treatment for my son/daughter for such illness or injury sustained during the camp. Furthermore, Fort Dorchester High School, the camp director or staff will not be held responsible for any injury or illness incurred while my son/daughter is at the camp. I hereby release and hold harmless FDHS, players, its officers, trustees, agents and employees from financial responsibility for my son/daughter's life and medical fees/premiums incurred pursuant to this consent.

Parent/Guardian Signature: _____ Date: _____

Medical Insurance: _____ Policy #: _____ Group Name/ #: _____

Please check any known medical conditions that the staff should be aware of: _____

Allergies: Bee stings Penicillin Food Other: _____

Any Orthopedic Conditions that will limit safe participation in any activity:
(Be specific): _____

Do you wear contact lenses? _____ Have asthma? _____ diabetic? _____ Other (be specific): _____

Please list those responsible for picking up your child: _____

I have read and understand the above and accept these terms in consideration for my child's participation in the FDHS volleyball camp.

Parent signature

Date

IMPORTANT: Each participant must be registered prior to participating in any camp activities.
Checks payable to FDHS Volleyball.