

Foothills Volleyball Summer Camp

CCHS Coach Karin, Coach Angie & the Lady Diggers invite you to attend

Students Entering Grades 4th-9th



When: June 17th-20th 2019

Times: 9:30am-Noon for those entering 4th-6th grades

1:00pm-4:30pm for those entering 7th-9th grades

Cost: 4th-6th graders: \$60

7th-9th graders: \$80

(Cost includes a camp T-shirt)

Where: CCHS gym, 185 Beaver Brook Canyon Road, Evergreen

What: Volleyball skills camp. CCHS coaches, as well as high school players will be hosting all sessions. We are also planning on bringing in a former collegiate All-American. Please bring a water bottle, wear athletic clothing and knee pads. Let us know your t-shirt size!

Call or Email Karin Thomsen to reserve your spot today!

karinwally@aol.com

or

karin.thomsen@ccsdre1.org

714-421-1891

Please make checks payable to Karin Thomsen.

Bring money and completed form on the 1st day of camp.

APPLICATION FOR ENROLLMENT

We wish to apply to the 2019 Volleyball Skills Camp

June 17th-20th

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Parent(s): _____

Phone Number(s): _____

Email address: _____

PARENT RELEASE AND INDEMNITY AGREEMENT:

We (or I) hereby request that you accept the application of _____ into the Foothills Volleyball Skills Camp and in consideration of your acceptance of the application, we (or I) will hereby release Clear Creek School District and all of its employees from all claims on account of any injuries which may be sustained by our (or my) child while attending volleyball camp, and we agree to indemnify the Clear Creek School District and its employees for any claim which may hereafter be presented by our (or my) child as a result of any such injuries. If medical attention is required for injury or illness while in camp, I give permission for such medical care.

Signed:

Parent/guardian _____

Date: _____

MEDICAL CERTIFICATION: I hereby certify that my son or daughter is physically fit to participate in an active volleyball camp and I know of no physical impairments which would in any manner limit his/her participation in such a program. By signing I agree that my son or daughter has been seen by certified medical personnel that have deemed them fit to participate in volleyball in the last calendar year.

Signed:

Parent/guardian _____

Date: _____

Please list any medical conditions that the staff should be aware of.