

2018 OUTLAW VOLLEYBALL CLUB SUMMER CAMPS

Hosted at ELGIN FLEX SCHOOL

Day Camp Dates:

July 16-19, 2018

Any volleyball student/athletes

Time: 8:00 AM to 12:00 PM

Fee: Camp - \$50.00 *Includes Comprehensive Volleyball Training; Speed and Conditioning Development; Skills Training and competition, some classroom type time set aside for sessions for Mental Preparation and Role situations, each camper will receive a camp t-shirt. Please make checks payable to: OUTLAW VOLLEYBALL CLUB or you can pay online at www.outlawvolleyball.org via the donations tab at the bottom of the home page.*

Camp goals

1. Provide **a positive learning experience** for each student/athlete.
2. **Demand EXCELLENCE while building confidence** in each student/athlete.
3. **Improve** physically in Speed and Core Strength.
4. **To teach the most current strategies** that will allow each student/athlete to excel in competition situations.

Daily Equipment Needs:

- Proper volleyball work out apparel along with extra T-shirt and towel
- Volleyball court shoes
- Knee pads
- Water bottle and snacks
- Emergency contact numbers
- POSITIVE LEARNING ATTITUDE!

Registration Form:

Name: _____

Parents/Guardians Name: _____

Address: _____

Mom work phone _____ Cell _____

City: _____ State: _____ Zip: _____

E-Mail _____

Phone _____ Cell _____

Dad work phone _____ Cell _____

E-Mail _____

E-Mail _____

Date of Birth: ____ / ____ / ____ Age: _____

Insurance Company: _____

Grade in Fall of 2018 ____ Position _____ Hand _____

Policy number: _____

School: _____

Years played: ____ # of camps attended _____

T-Shirt Size: Youth – XS S M L Adult – XS S M L XL

WAIVER * PROOF OF INSURANCE

I, _____ hereby authorize the camp staff to act for me, according to their best judgment, in any emergency requiring medical attention and hereby waive and release Elgin ISD and Outlaw Volleyball Club Summer Camp staff from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any medical problems or physical impairment that would affect _____ (print camper name) to safely participate in the camp program. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury.

I acknowledge that I have read and understand the waiver policies.

Signature: _____

Relationship: _____

Date: _____