



2018 LCSD Middle School Volleyball Camp

August 6th-9th 6th-8th grade 5pm-7pm

CAMP INFO

Camp Coordinator

Vicky Roller

(503) 510-6593

vicky.roller@lincoln.k12.or.us

This camp is for incoming 6th to 8th grade. Camp will utilize 2 nets and will have beginner and intermediate designated courts. Camp will be hosted at **Newport Middle School**.

Fee: \$ 75 per player or sign up with a group of 4 for \$200

Please make checks out to: Newport Volleyball

Please return registration and fee to Newport High School by 7/15 to guarantee requested shirt size.

Registration is also available at camp.

Registration fee includes: skill development and critique from guest coaches, conditioning, and LCSD Volleyball shirt. Players will have the opportunity to develop fundamentals as well as focus on specific skill areas.

Registration

Player Name: _____

Current School: _____

Skill level: (Please circle) Beginner

Intermediate

Parent Name: _____

Parent Phone: _____

Address: _____

Insurance company: _____

Policy Number: _____

Grade in Fall: _____

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

Release of All claims and Consent to Medical Treatment: In consideration of the acceptance of my entry and application to attend the **Lincoln County School District Volleyball Camp**, I hereby release and hold harmless Newport High School, the officers, directors, staff and any workers of the Clinic, all personnel connected with or working as volunteers for this clinic and anyone assisting in the clinic or conduct of camp, from liability, illness or property damage, that I sustain during my participation in this clinic or that is in any way related to this clinic. I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I understand that this release applies to myself, my child (if signed by a parent or guardian), and our respective personal representatives, heirs and assigns. I represent that I or my child or ward is adequately trained to participate in this event, that I recognize the risks of injuries accompany such participation and I am aware that this Release is being relied upon by all the above persons in permitting me to participate. If, as a result of my participation in the clinic, my above named child or ward, will require medical attention, I hereby give permission to clinic, directors, staff, volunteers or any workers thereof, to seek medical attention by authorized medical care providers.

I hereby grant permission to this clinic, its successors and assigns to use any photographs, video tapes, motion pictures, recordings or other record of the clinic and my participation or that child or ward, for any legitimate reason.

I give my child, _____, permission to participate in the **Lincoln County School District Volleyball Camp** and agree with the Release of All Claims and Consent to Medical Treatment stated above.

RETURN REGISTRATION FORM & PAYMENT TO Newport High athletic office PRIOR TO THE START OF CAMP

Parent/Guardian Signature; _____

Date: _____