



# 2018 Cub Volleyball Camp

August 24<sup>th</sup> 1<sup>st</sup>-5<sup>th</sup> grade @ Newport Middle School

1:00pm-4:00pm (snacks provided)



## CAMP INFO

This camp is for incoming 1<sup>st</sup> to 5<sup>th</sup> grade. Camp will utilize 2 nets, and will have beginner and intermediate designated courts.

**Cub Head Coach:**  
Vicky Roller  
(503) 510-6593 Cell  
vicky.roller@lincoln.k12.or.us

**Fee: \$ 25 a player**

**Please make checks out to: Newport Volleyball**

**Please return registration and fee to Newport High School by 8/15 to guarantee requested shirt size.  
Registration is also available at camp.**

**Registration fee includes: skill development and critique, Cub volleyball team shirt,  
and lunch with the high school team.**

## 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 **Newport High School 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 **Newport High School 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: \_\_\_\_\_