

Enterprise High School Systems Volleyball Camp



Ages: 8th– 12th grade girls
(grade level as of 8/2018)

When: June 11-13th Mon-Wed

Time: 6:00pm–8:00pm

Place: Enterprise High School

Registration cost: \$20

WHAT DO WE LEARN?

- FUNDAMENTALS
- POSITION INSTRUCTION
- LATEST TECHNIQUES AND STRATEGIES
- ONE ON ONE INSTRUCTION
- SKILL LEVEL GROUPING
- EXPERIENCED AND QUALIFIED STAFF

2018 Registration

Name: _____

Grade: _____

Mailing Address: _____

City: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Typical Session

Warm up
Defensive Systems
Offensive Systems
Skill Refinement
Team Concepts

Any Questions?

Tyler Grady – tgradv@suhsd.net
530-334-8787

To receive updates, or text the coach, text “@ehscamps” to 81010

Height: _____ Date of Birth: _____

School: _____ Grade (as of 8/2018) : _____

Return completed forms to the Enterprise High School office OR
MAIL COMPLETED FORMS, ALONG WITH \$20.00 CAMP FEE TO:

Enterprise High School Enterprise Volleyball Camp
3411 Churn Creek Road
Redding, CA 96002

Checks payable to:
Enterprise Volleyball
(Cash also accepted)

This flyer is being distributed solely for informational purposes. The activity and organization and/or individual named herein are not sponsored by the school or district. Participation in any of the activities described herein is at the risk of the participant. The District is not responsible for the accuracy of the information contained herein.

For students/adults participating in voluntary school sponsored camp/activity

VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Shasta Union High School District and University Preparatory School

Name of Participant	
Description of Camp/Activity	High School Systems Volleyball Camp 2018
Date(s)	6/1/2018-8/31/2018
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Numbers	

I authorize the above participant to participate in the described activities shown. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the Shasta Union High School District and University Preparatory School, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused, in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian Signature if Participant **under** 18 years old

Date

Student/Adult Signature if Participant **over** 18 years old

Date

Note: A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with participant's school office before participating in the above camp/activity.

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