

2018 Roosevelt Volleyball Camp

Roosevelt HS Gym

July 23-26, 2018

Mon-Wed, 9am-4pm; Thurs, 9am-12pm

Four days of camp for girls entering 7th-9th grades

(All skill levels welcome)

Led by Roosevelt High School coaching staff assisted by Roosevelt HS Volleyball team members

Each player will get a camp T-shirt!

Campers should bring water, lunch & energy snacks.

Fun and fast-moving!

Location: Roosevelt High School Gym, Seattle (Entrance to gym is off the parking lot on 12th Ave between NE 67th & 68th Streets).

Days/Time: July 23-25, 9am-4pm; July 26 9am-12pm

Cost: **\$195**
we can offer a small number of partial scholarships.
*** \$20 processing fee for ALL refunds ***

Send completed registration form, medical release, and check payable to:

PAYMENT: Roosevelt HS (Volleyball)
1410 NE 66th Street
Seattle, WA 98115

Player name _____ DOB _____ Grade _____
(Fall 2018)

Parent Name and contact number _____

Parent Name and contact number _____

Email Addresses: _____

Middle School: _____ High School Attending (9th graders): _____

Please indicate players skill level:

Beginner—just learning **Intermediate**—has attended some camps/middle school team **Advanced** – plays club volleyball

T-Shirt size: Adult sm Adult Med Adult LG Adult XL

Additional questions? Please email us at Roosevelt.hs.vb@gmail.com.

2018 Roosevelt HS Girls Volleyball Camp

Camp Authorization and Medical Release

As parent/legal guardian of _____, I authorize that she may participate in the 2018 Roosevelt HS Girls Volleyball Camp. I hereby release and hold harmless the coaches, trainers, school officials and others who might be involved in creating or operating this Camp from all claims that may arise from her participation in the Camp.

Should my daughter/girl for whom I am legally responsible require medical assistance, I authorize medical treatment, including that necessary for diagnosis, as deemed necessary by licensed medical professionals. Should my daughter/girl for whom I am legally responsible require medical attention, representatives of the Camp will promptly attempt to reach me at the emergency contact phone numbers provided. I understand that there is no medical coverage provided with participation in the Camp. Medical insurance information provided below.

The name of our medical insurance carrier is:

The policy or group name, and the plan number is:

The full name of the individual in whose name this policy is provided is:

I further agree to hold harmless Roosevelt High School, school officials, coaches, trainers and others who might be involved in creating or operating this Camp from any liability, including liability for medical expenses, arising from any injury to my daughter/girl for whom I am legally responsible while participating in the volleyball Camp.

Signature of

Parent/guardian _____ Date _____

Printed name _____

In case of emergency, please try to contact me at the following phone numbers:
