

Martin County High School
**Volleyball Summer
Camp**
June 10-13, 2019

When: Monday 6/10 – Thursday 6/13

Time: 9:00am– 2:00pm

Who: Incoming 6th—9th Graders

Where: Martin County High School Gym

Cost: \$135

Camp Host: MCHS Girls Volleyball Boosters

Tiger Volleyball Camp Skills:

Serving, Setting, Passing, Hitting, Blocking,
Team Defenses, Court Awareness, Team-
work, & Both Offensive and
Defensive Strategies

Extra Information:

All campers should wear proper athletic attire
(*gym shorts, t-shirt, knee pads & gym shoes*)
All campers should bring a bag lunch and
money for snacks and drinks

The camp will be run by the Martin County High Staff, and current MCHS players.

The MCHS volleyball camp is designed to develop and strengthen volleyball skills and techniques of players wishing to compete at the middle and high school level. Campers will be given both individual and group instruction in two high intensity sessions a day. The morning sessions will focus on individual skill development and the afternoon sessions will include game situations.

To register for the camp, mail pages 2&3 with payment to:

Martin County High School Attn:
Paula Rogers 2801 S Kanner Hwy, Stuart, FL 34994

Please make checks payable to: *Martin County Volleyball Boosters*

QUESTIONS, please contact Coach Rogers at MCTigersVb@gmail.com

Martin County High School Girls Volleyball Summer Camp

Participant Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ___ / ___ / ___ Age: _____ Grade: _____ Current School: _____

Allergies: NO: _____ YES: _____ List: _____

Physical Restrictions: _____

Handicap Accommodations

Needed: *Explain:* _____

Athlete's Current Volleyball Skill Level: (1-Beginning to 5-Extremely Competitive) 1 2 3 4 5
Circle One

T-SHIRT size: (Circle)	YS	YM	YL	YXL	AS	AM	AL	AXL
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Parent/Guardian Information

Parent / Guardian Name: *(First/Last)* _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Information

Emergency Contact Person: *(First/Last)* _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact Person: *(First/Last)* _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

PHOTO & VIDEO RELEASE: Check One

_____ I DO give my permission for Martin County High School Volleyball to use my child's image(s)/photo(s)/video(s) for promotional use only to be used in but not limited to websites, publications, media and/or publicity outlets. I agree there will be no monetary compensation for such use and hold MCHS harmless from any liability associated with its use.

_____ I DO NOT give my permission to use my child's image(s)/photo(s)/video(s) for any purpose.

Name: _____ Signature: _____

**NOTICE TO MINOR/CHILD'S NATURAL GUARDIAN
RELEASE AND WAIVER OF LIABILITY**

NOTICE: This form contains a release and waiver of liability and when signed is a contract with legal consequences. Please read it carefully before signing your name.

TO MARTIN COUNTY SCHOOL DISTRICT: In consideration of the opportunity afforded to my child(ren)/ward(s) to participate in this program, I, the undersigned parent/guardian, freely agree to and make the following contractual representations and agreements.

TO THE MINOR CHILD'S NATURAL GUARDIAN: Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if Martin County School District and its employees use reasonable care in providing and supervising this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from Martin County School District and its employees in a lawsuit for any personal injury, including death, to your child or any property damage that result from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and Martin County School District and its employees have the right to refuse to let your child participate if you do not sign this form.

I, the undersigned parent/guardian, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may occur as a result of my dependent(s)'s participation in the activity and agree to release, waive, discharge, and covenant not to sue Martin County School District, its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of my dependent(s)'s participation in the activity, whether caused in whole or in part by the negligence of Martin County School District and its employees or otherwise.

I, the undersigned parent/guardian, have read this form, fully understand its terms, and understanding that I, on behalf of my dependent(s), have given up substantial rights by signing it and have signed it freely and without inducement of assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Parent/Guardian Print Name: _____

Signature: _____

Date: _____

Participants Name: _____

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Official Use Only

DATE RECEIVED: _____ AMOUNT: _____ RECEIPT #: _____

TYPE OF PAYMENT: CASH: _____ CHECK _____