

CHAMPLIN PARK VOLLEYBALL 2014 SUMMER CAMPS

- WHAT:** Summer Volleyball Camps for girls entering 3rd through 12th grade!
- WHEN:**
3rd-4th Grade Camp: Monday, July 28th - Thursday, July 31st; 11:00am-1:00pm
5th-8th Grade Camp: Monday, July 28th - Thursday, July 31st; 11:00am-1:00pm
(There is also another camp offered later in the summer for this age group. Players who participate in both will receive a discount.)
9th-12th Grade Camp: Monday, July 28th - Thursday, July 31st; 8:30am-11:00am
- WHERE:** Due to the Champlin Park Fieldhouse floor being completely redone, this year's camps will take place at **Ralia Sports Center** located in Maple Grove. *8686 Valley Forge Lane North.*
- COST:**
3rd-4th Grade Camp: \$75 per player (\$65 if registration is received by July 5th.)
5th-8th Grade Camp: \$75 per player (\$65 if registration is received by July 5th.)
(There is also another camp offered later in the summer for this age group. Players who participate in both will receive a discount.)
9th-12th Grade Camp: \$95 per player (\$85 if registration is received by July 5th.)
- CAMP DETAILS:** All camps will be led by John Yunker, Head Volleyball Coach at Champlin Park High School with the assistance of other Champlin Park High School coaches and players. **Players should dress accordingly; tennis shoes, shorts, and a t-shirt (NO TANK TOPS!). Players should also bring a water bottle.**
- 3rd-4th Grade Camp:** This camp is designed to introduce the sport of volleyball to our future all-stars!! The main focus of the camp will to introduce the FUNDamentals of volleyball through drills and games.
- 5th-8th Grade Camp:** This camp is designed to build on the fundamentals that players have gained through previous camps and prepare them for team and league play. Players will continue to build the fundamentals needed to be successful in volleyball as well as learn more advanced skills needed for the next level.
- 9th-12th Grade Camp:** This camp is much more advanced as participants are preparing for the high school season! A review of both the fundamentals and advanced skills will take place along with game-like drills where players can use the skills that they have developed along the way.

Please make checks payable to **Synergy Sports** and return with the form below to:

Rebel VB Camp; 7061 ORCHID LANE NORTH, MAPLE GROVE, MN 55311

If you have any questions, please e-mail them to cprebelsvb@gmail.com.

(Please have a separate registration form for each player. You may combine fees into one check.)

Note that the grades for each camp are the grade that the camper will be entering in the fall of 2013.

3rd-4th Grade Camp: ___ \$75/\$65 = \$ ___ 5th-8th Grade Camp: ___ \$75/\$65 = \$ ___ 9th-12th Grade Camp: ___ \$95/\$85 = \$ ___

Player Name: _____ Grade (Fall): _____ Age: _____ DOB: _____

Address: _____ City: _____ ZIP: _____

Parent/Guardian: _____ PH: (____) _____ Emergency PH: (____) _____

Emergency Contact (If parent can't be reached): _____ PH: (____) _____

Insurance Company: _____ Policy #: _____

Player's T-shirt Size (Please circle one): YM YL S M L XL

PLEASE READ BEFORE SIGNING:

I, the parent/guardian of the registered player, hereby certify that the named player is physically able to participate in Champlin Park volleyball offerings and I know of no restrictions, physical impairments, or any other facts, which in any manner limit her participation in such a program. I hereby authorize the staff of Champlin Park to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive, absolve, indemnify, and agree to hold harmless Champlin Park, Ralia Sports Center, its staff, suppliers, and participants for any and all liability for any injuries or illnesses while at the sessions. I give permission for the named participant to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me before taking this action. I hereby waive and release the Staff and Management of Synergy Sports from any liability for any injury or illness incurred while at the sessions. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED PARTICIPANT AS A RESULT OF PROGRAM ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during the program or resulting from an injury received at the program's sessions. My medical insurance shall be the insurance coverage for any medical treatment.

Parent/Guardian Signature: _____ Date: _____