

## **Monarch Summer Volleyball Camp**

The Monarch Summer Volleyball Camp is designed for players who want to learn and develop the fundamental skills as well as the advanced skills necessary to become a complete player. All the basic skills will be covered including passing, setting, hitting, digging, blocking, defensive positions, and serving. Each camper will be placed in a group according to their skill level and will have the opportunity to move up as their skill progresses. The camp will emphasize drills, technique, and individual instruction, as well as game situations. The camp is for students who will be sophomores, juniors, or seniors in the Fall of 2011, or younger students who have a lot of experience and have played club ball. No refunds for partial attendance.

**When:** July 25<sup>th</sup> – July 29<sup>th</sup>  
**Where:** Monarch High School Gym  
**Time:** 9:00-11:30 a.m.  
**Cost:** \$100.00 (includes t-shirt)

**Please bring PLENTY of WATER!**

### **Application for Monarch Summer Volleyball Camp**

Please fill out and mail to: Monarch Volleyball Camp  
329 Campus Drive  
Louisville, CO 80027

Enclose the application and waiver form below with a check for \$95.00 made payable to Monarch Summer Volleyball Camp.

**\*\*\*Please PRINT clearly\*\*\***

Name: \_\_\_\_\_ Grade (Fall 11) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Phone \_\_\_\_\_

Player E-mail: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

\_\_\_\_\_

I hereby allow my child to participate in the Monarch Summer Volleyball Camp. I know of no mental or physical problems which may affect my child's ability to safely participate.

I realize that volleyball is a physical activity involving contact. I therefore accept responsibility for my child's physical condition. I hereby promise and agree that I will not hold Monarch Summer Volleyball Camp nor its employees liable for any loss, damage, or personal injuries received as a result of participation.

I understand that my child must have current and active medical insurance before they may attend camp. Neither my child nor I will hold the Monarch Summer Volleyball Camp or its staff liable for expenses incurred while my child is at camp.

I hereby authorize the directors and staff of the Monarch Summer Volleyball Camp to act for me in accordance with their best judgment in any emergency requiring medical attention. Furthermore, I hereby release the Monarch Summer Volleyball Camp and its agents and its staff from any and all liability for any injuries or illnesses that may arise during the volleyball camp. I understand and assume the hazards and risks associated with this activity and waive all claims against the Monarch Summer Volleyball Camp and its staff.

I have read and understand the waiver and release.

\_\_\_\_\_  
Signature of Parent or Guardian                      Date                      Signature of Camper                      Date

Medical Insurance Company: \_\_\_\_\_

Policy Holder and Number: \_\_\_\_\_

**BOULDER VALLEY SCHOOL DISTRICT RELEASE AND WAIVER OF RIGHTS**

By this agreement, I hereby release Boulder Valley School District RE-2, its officers, directors, elected officials, appointed officials, employees, servants, agents, attorneys, insurance carriers and self insurance pools ("releases"), and waive any rights I may have against said school district or any above mentioned parties for any mental or physical injury or death to my child, me, or damage to my personal property, whether caused by releasees' negligence or otherwise, while participating in this program/activity of the Boulder Valley School District.

I acknowledge and understand that my participation/my child's participation in this program/activity may be dangerous at any of the above mentioned levels.

I acknowledge that Boulder Valley Schools does not derive any benefit from my participation. Further, I acknowledge that the decision is purely my choice and is made with full knowledge of the extent of the danger in so-doing and a full waiver of any rights to any claims for mental or physical injury or death, or property damage which may result.

**I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER OF RIGHTS/AGREEMENT TO PARTICIPATE**

SIGNATURE OF PARENT \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2011

SIGNATURE OF STUDENT \_\_\_\_\_