



Edmonds School District 2014 Middle School Volleyball Camp



Featuring Edmonds School District high school and middle school coaches along with players from each high school. Register early! Last year this camp did fill by registration date. Open to 90 girls.

DATES: Monday, Tuesday, Wednesday, June 9-11, 2014

TIME: 3:15 - 5:15

COST: \$20.00 - Checks payable to ESD

SITE: Edmonds-Woodway High School

EACH PLAYER RECEIVES

CAMP T-SHIRT, PLENTY OF SKILL WORK, LOTS OF HANDS-ON LEARNING

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Please return this form, the attached release form and check to your middle school volleyball coach or send to: Debra Dodge, Edmonds School District, 20420 68th Ave W, Lynnwood, WA 98036 by 5/20/14.

Name: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

Current School: _____ Grade in fall 2014: _____

School you'll attend in Fall of 2014: _____

Adult T-Shirt Size (Circle One): XS S M L XL

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2014 Edmonds School District Middle School Volleyball Camp, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of volleyball entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____
(Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____
(Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Edmonds School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic director for information.

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for _____ who attends _____ to
(Student) (School)

participate in the 2014 Edmonds School District Middle School Volleyball Camp, June 9-11, 2014, for the purpose of practicing fundamental volleyball skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home/Cell Phone _____
(please print)

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____