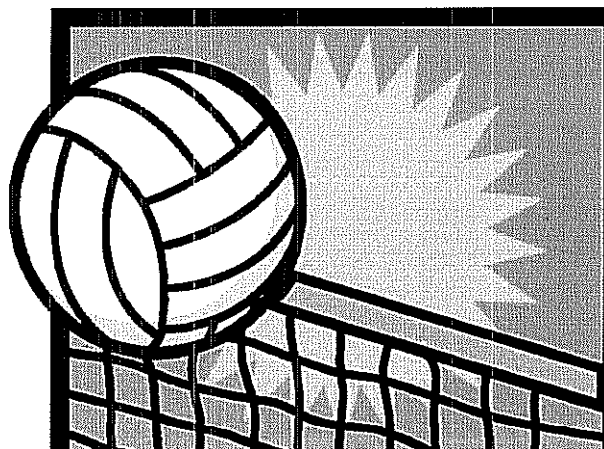


Edmonds School District Presents  
**LYNNWOOD HIGH SCHOOL**  
**YOUTH VOLLEYBALL CAMP**



- Individual and Group Instruction
- Skill Contests/Tournament Play
- Camp T-shirt and Volleyball
- Daily Awards for Effort, Attitude, and Teamwork.
- Emphasis on Fundamentals: Passing, Setting, Hitting, Blocking, Serving; Team Defense/Offense.
- Super Hydration: Water, Gatorade, Otter Pops

All Sessions at Lynnwood High School  
18218 North Road, Bothell, WA 98012

Monday through Friday, June 23<sup>rd</sup>-27<sup>th</sup>, 9:00 am to 1:00 pm.

For students entering grades 6-9 in September of 2014  
\$120.00

Instruction provided by the Lynnwood Coaching Staff, Former Players, and Guest Staff.

Camp Director: Head Coach Annalise Mudaliar (425) 563-5011

Checks made payable to ESD

Space is Limited — Please Register Early!

Please fill out the following and mail with a check made payable to ESD to:

Lynnwood High School — 18218 North Road, Bothell, WA 98012

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ + \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade entering September, 2014: \_\_\_\_\_ School: \_\_\_\_\_

T-shirt size: (circle one) . Adult Small Adult Medium Adult Large Adult XLarge  
Youth Medium Youth Large

Medical Release on Back

**Assumption of Risk/Permission to Participate**

As a parent or guardian of a student requesting to register for participation in the 2014 Lynnwood High School Royal Youth Volleyball clinic, I hereby acknowledge that I have read, understood, and agree to the following:

- 1. I acknowledge that 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 trainer 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 Lynnwood High School Royal Youth Volleyball clinic on June 23-27, for the purpose of practicing fundamental volleyball skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_