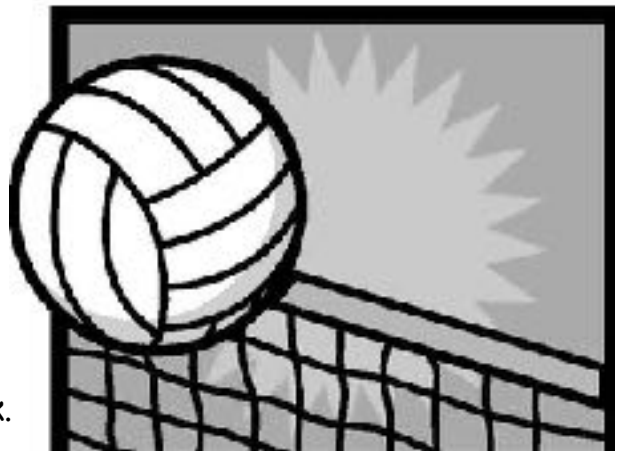


Edmonds School District Presents

LYNWOOD HIGH SCHOOL YOUTH VOLLEYBALL CAMP



- Individual and Group Instruction
- Skill Contests/Tournament Play
- Camp T-shirt
- Daily Awards for Effort, Attitude, and Teamwork.
- Emphasis on Fundamentals: Passing, Setting, Hitting, Blocking, Serving; Team Defense/Offense.
- Water and Otter Pops provided
- PLEASE BRING A SNACK, WATER BOTTLE, AND A SACK LUNCH EACH DAY.

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

Thursday through Saturday, June 27th-29th, 9:00 am to 3:00 pm.

**For students entering grades 4th-9th in September 2019.
Cost is \$120.00.**

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

Camp Director: Head Coach Annalise Mudaliar (425) 563-5011; annalisenash@gmail.com.

Space is Limited — Please Register Early!

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

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

(You can also turn in a check or cash with the form in person to the ASB secretary at Lynnwood High School)

Name: _____ Parent Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Grade entering September 2019: _____ School: _____

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

Medical Release on Back or Attached

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2019 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 2019 Lynnwood High School Royal Youth Volleyball clinic on June 27-29, 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 _____