



**Edmonds School District Presents:**

# **LYNNWOOD HIGH SCHOOL YOUTH VOLLEYBALL CAMP**

**Wednesday-Friday  
JUNE 24th-JUNE 26th, 9:00am-3:00pm**

**All sessions at Lynnwood High School  
18218 North Road. Bothell. WA 98012**

**COST FOR CAMP IS \$120.00**

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

**Lynnwood High School - 18218 North Road, Bothell, WA 98012  
Attn: LHS Volleyball**

**(You can also turn in cash or a check with the form in person to the ASB secretary at LHS)**

**Name of camper: \_\_\_\_\_**

**Parent email: \_\_\_\_\_**

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

**Phone number: \_\_\_\_\_**

**T-shirt size: (circle one)**

**Adult Small   Adult Medium   Adult Large   Adult XLarge**

**Youth Small   Youth Medium   Youth Large**

**Please fill out the medical release on back or attached**

**At our camp we focus on group and individual instruction with a strong emphasis on the fundamentals of volleyball: Passing, setting, hitting, serving, blocking and team defense/offense.**

**Camp includes skill contests and tournament play, with daily awards for effort, attitude, and teamwork.**

**All campers will receive a t-shirt and volleyball.**

**Instruction provided by the Lynnwood coaching staff, current and former players, and guest staff.**

**CAMP IS FOR STUDENTS ENTERING GRADES 4th-9th IN SEPTEMBER 2020**

**Space is limited- Please register early!**

**PLEASE BRING A SNACK, WATER BOTTLE, AND A SACK LUNCH EACH DAY.**

**Water and other pops provided.**



**Camp Director:  
Head Coach Annalise Mudaliar**

**Contact Info:  
annalisenash@gmail.com  
(425) 563-5011**

## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2020 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.***

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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 2020 Lynnwood High School Royal Youth Volleyball clinic on June 24-26, 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 \_\_\_\_\_