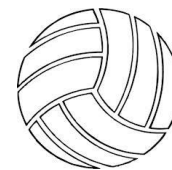




# Cougars Summer Volleyball Strength & Conditioning Camp



June 19<sup>th</sup> – July 13<sup>th</sup>

Monday - Thursday

2pm – 3:30pm

At Del Campo High School

4925 Dewey Drive

**Fee: \$70 (Resident) \$75 (Non-Resident)**

## **CAMP SUMMARY:**

This camp is designed for all athletes that are interested in playing volleyball. All returning and future volleyball players are encourage to attend the summer camp. The Skills and Conditioning training will be held Mondays - Thursdays at the Del Campo High School Gym.

This camp is designed to build strength in volleyball skills and endurance suited for volleyball games. This will be developed through agility drills, explosive strength exercises, swimming, running, and volleyball drills. In order to see improvement, each player is highly advised to attend the first day of camp. This is where I will take height, weight, vertical, and together we will decide on a goal for the summer. Commitment is the key to the success of this program and every day attendance will show me without words that you are ready to become a true volleyball athlete!

## **CAMP COORDINATOR:**

Katie Hill, the Head Volleyball Coach at Del Campo High School and certified Personal Trainer, will work closely with the athletes in all aspects of the volleyball and training camp.

## **REGISTRATION INFORMATION:**

Fill out the registration form on the back of the flyer. Athletes are to wear appropriate clothes and athletic shoes.

**Make checks out to Carmichael Recreation and Park District (C.R.P.D.).**

**Further Information: [KLK05@sbcglobal.net](mailto:KLK05@sbcglobal.net) (916) 601-9991**



**Carmichael Recreation and Park District: Cougars Summer Volleyball Strength and Conditioning Camp 2017**

Registration will be accepted via mail, walk-in, or drop box located at the address below

**LA SIERRA COMMUNITY CENTER RECREATION OFFICE  
5325 ENGLE RD, SUITE 100, CARMICHAEL 95608**

For more information and questions please contact the Sports Office at 483-7826

FEE: \$70 (Resident) \$75 (Non-Resident)

**Payment must accompany registration**

**Make Checks payable to C.R.P.D.**

How are you paying? (please mark one)     Check     Cash     Money Order     Credit \* (Visa or Mastercard)

Total Amount Paid \$ \_\_\_\_\_ Office Receipt # \_\_\_\_\_

\*Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ X \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Grade: \_\_\_\_\_ Male or Female

Parent/Guardian Name: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Carmichael Recreation & Park District**

5325 Engle Rd, Carmichael, CA 95608 • (916) 483-7826 • FAX: (916) 483-7861

*Cougars Summer Volleyball Strength and Conditioning Camp: 2017*

**AGREEMENT, WAIVER, AND RELEASE**

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

**PHOTO RELEASE:** By signing this agreement, you are agreeing to release photo rights to Carmichael Recreation & Park District. Carmichael Recreation & Park District reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Carmichael Recreation & Park District.

**PARENTAL CONSENT:** (To be completed and signed by parent/guardian if applicant is under 18 years of age).

I hereby consent that my son/daughter \_\_\_\_\_ participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

**I have carefully read this Agreement, Waiver, and Release and fully understand its content. I am aware that this is a release of liability and a contract between myself and Carmichael Recreation & Park District and I sign it of my own free will.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_  Parent     Guardian