



Kaukauna Girls Volleyball Booster Club Presents:

Kaukauna Youth Volleyball Skills Camp

July 23rd – July 26th, 2018

Girls entering 5th & 6th grades: 12:00 - 2:00

Girls entering 7th, 8th, and 9th grades: 2:00 - 4:00

- Camp Fee: \$50.00 for four days, includes T-shirt
- Come ready to learn some fundamentals of volleyball.
- Instruction given by Kaukauna High School coaches and players. For more information, please contact Coach Jodi Matthies @ 920-858-7021
- Must have waiver with parent's signature and money by Friday, June 20th to guarantee t-shirt size.

Middle School Pre-Season Camp

All incoming 5th - 9th grade student athletes are invited to the middle school volleyball pre-season camp. The skills taught are designed to prepare the young athlete for the upcoming season. The focus of the camp will be to emphasize the skills needed to be a successful volleyball player. Please share this information as it is open to all 5th – 9th grade athletes.

Group and individual instruction

Daily competitions

Skill development through progressions:

- Passing
- Serving
- Hitting
- Setting

Placement into camps is on a first received - enrolled basis. To guarantee your child's placement into the camp, complete the attached registration form and send it with the \$50 registration fee to:

Kaukauna Girls Volleyball
1701 County Road CE
Kaukauna, WI 54130

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Volleyball Players Name: _____
Name: _____ Grade: _____
Address: _____ City: _____
Name of Parent/Guardian: _____ Phone: _____
Current school: _____

Desired session:

_____ 5th & 6th grades (12:00 – 2:00) \$50
_____ 7th, 8th & 9th grades (2:00 – 4:00) \$50

- 1) I certify that the applicant is physically able to participate in volleyball camp and has adequate health insurance coverage.
- 2) I hereby recognize and assume that participation in recreation programming may involve bodily and or emotional injury to myself and/or my child. In consideration of myself, and/or my child being permitted to participate in such events, I hereby voluntarily and knowingly release, waive, and discharge Kaukauna Area School District, its officers, its employees and the Kaukauna Volleyball Booster Club from any and all liability that may result from mine and/or my child's participation in recreation activities.
- 3) I hereby authorize the Kaukauna High School Volleyball staff to act in my behalf in accordance with their best judgement in case of an emergency, and I agree to assume full responsibility for all medical expenses that may occur thereof.
- 4) By signing this assumption of risks, liability release statement, I acknowledge that I have read its contents and disclosure and that I understand its contents and disclosures and I agree with it.

Parent Signature: _____ Date: _____

Please note any medical conditions that we should be aware of _____

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – READ IT CAREFULLY

I have applied to participate in the Kaukauna High School Volleyball program described as the 2018 Kaukauna Youth Volleyball Skills Camp (“Program”) during the period July 23rd – 26th 2018. I acknowledge that the Program is voluntary and may involve certain risks, including those described below.

I understand that by participating in the Program, my child will engage in: strenuous physical activity with other participants, competition and recreational activities. I acknowledge that these activities present certain inherent risks that are beyond Kaukauna High School’s control.

I choose to allow participation in the Program by my child, understanding its associated risks, I knowingly and voluntarily assume all risks of collision, injury, illness, death or damage to or loss of my property that may occur while engaging in sports, recreation and any other activities arising out of or related to the Program.

I understand that I may discontinue participation at any time in light of the risks.

I hereby forever release Kaukauna Area School District, its trustees, officers, employees, and agents (the “Released Parties”) and the Kaukauna Volleyball Booster Club from liability for any negligent act or omission arising from my child’s participation in the Program, including related costs, damages, claims or assertions to which I or my family, estate, or heirs may claim against the Released Parties.

This Assumption of Risk and Release of Liability shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Release or the Program.

Insurance Agreement *

I have read, understand, and agree to the above.

Parent Signature: _____ Date: _____

Photo Agreement **

I/we grant permission for photos/images of minor to be published in future Kaukauna High School Volleyball Camp brochures, website or advertisements.

Parent Signature: _____ Date: _____