

REGISTRATION

PLAYER NAME

2019–20 GRADE

*PARENT/GUARDIAN
NAME*

ADDRESS

*TELEPHONE/CELL
NUMBERS*

EMAIL ADDRESS

*T-SHIRT SIZE (CIRCLE
ONE)*

YOUTH M L

ADULT S M L XL

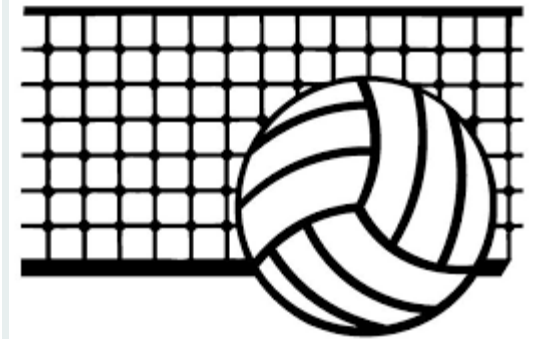
Registration before July 1st: \$100
Registration after July 1st
\$120
Each additional sibling:
\$70

Return form along with check
payable to:

“Dig This” Volleyball Camp
ATTN: Douglas Balser
Reagan High School
3750 Transou Road
Pfafftown, NC 27040



**“Dig This”
Volleyball
Camp
At Reagan
High School**



July 22–25, 2019

9am–12 pm

Rising 6th–9th grades

Contact:

Douglas Balser

djbalsers@wsfcs.k12.nc.us

336.703.6776



CAMP GOAL: To provide the optimal learning environment in which every camper can improve his or her volleyball skills.

CAMP PHILOSOPHY: This camp will focus on the fundamentals of volleyball. The players will receive instruction tailored to their skill level, in the areas of setting, attacking, passing, blocking and serving.

This camp is designed to help players grow in their individual skills. In addition we will emphasize the elements of team offense and defense.

We will use a variety of drills and competitive events to help challenge the players to reach their full potential.

STAFF:

The Ronald Reagan High School coaching staff, along with former players and other local coaches will be instructing and evaluating players during the camp.

WHAT SHOULD I BRING?

- Athletic wear and shoes
- Kneepads
- Water bottle

Each camp participant will receive a t-shirt

AGREEMENT/RELEASE

I, _____
am the parent or legal guardian for

I fully understand and appreciate the potential danger, hazards and/or risks, directly and/or indirectly present in participating in this activity.

In consideration for being allowed to participate in this activity, I agree to hold harmless the supervisor(s) and coordinator(s) of this activity, Reagan Volleyball, Reagan High School, its agents, officers, employees and student volunteers harmless for any and all direct, indirect, special or consequential damages which may incur as a result of my participation in this activity.

I have read the terms of this agreement/release and I understand and voluntarily agree to the terms and conditions.

Participant Signature

Parent/Guardian Signature

Insurance Company—Policy #

Any allergies or medical conditions that the camp staff should be aware of?

_____ Yes _____ NO

If yes, please describe _____

