

# Pierce High School 7<sup>th</sup> Annual



## Youth Bears Volleyball Camp

**When:** July 31<sup>st</sup> – August 3<sup>rd</sup>  
**Time:** 9am-11:30am daily  
**Location:** Pierce High School Big Gym  
**Cost:** \$60 per player  
**Contact:** Kim Travis - [travisboys@frontiernet.net](mailto:travisboys@frontiernet.net) or (530)681-5293

This camp is designed for students entering 1<sup>st</sup>-5<sup>th</sup> grade elementary and 6<sup>th</sup> -8<sup>th</sup> grade middle school kids at any level of experience. Fundamentals such as passing, setting, attacking and serving are introduced in a fun, game-like environment.

Campers are divided by age, skill level and experience in order to provide the best learning environment. This is a great way to get kids in our community involved in the sport at a young age. All campers who attend will receive a Camp T-shirt and a daily snack. The camp will consist of skill building volleyball skills, and mini contests each day.

## 2017 Summer Volleyball Camp Registration

Please mail this form along with payment to reserve a spot in camp to:  
Pierce High School PO Box 426 Arbuckle CA 95912

**Camper:** \_\_\_\_\_ **Grade- Fall 2017:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Parent**

**Email:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Home/Cell**

**#:** \_\_\_\_\_

**Please Circle T-Shirt Size:** YS YM YL AS AM AL AXL

~~ Must receive registration by July 15th ~~

We will do our best to accommodate shirt size, no guarantees.

**Release and Waiver of Liability** (Please read and sign the following statement) I hereby authorize the PHS Bears Volleyball Camp to act for me in the event of a serious emergency (requiring medical attention), and I hereby waive and release the PHS Bears Volleyball Camp and its directors from any and all liability for injuries and illness incurred while attending camp. In addition, I certify that my child is in good health and is able to participate in all program activities. Furthermore, in the event of an emergency requiring medical attention, I will be responsible to pay for the all medical bills for services rendered.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Parent Name: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

*Bring a Water Bottle, Knee Pads (if have) & A **Good Attitude!***