

# 2016 Maverick Youth Volleyball Camp

Meadowdale High School

Catered to future Meadowdale High School Athletes!



**Purpose:** Our purpose is to introduce volleyball in an authentic and enthusiastic way.

**Experience:** Each camper will receive coaching on fundamentals through drills and competitive play to improve all volleyball skills. Instruction will be provided by the MHS coaching staff and supported by MHS volleyball players. **T-Shirts included too!**

**When:** Tuesday, May 31<sup>st</sup> – Thursday, June 2<sup>nd</sup> 4:00 – 6:30pm  
Meadowdale HS Gyms: 6002 168<sup>th</sup> St. SW, Lynnwood  
\*No Transportation Provided

**Who:** Current 5<sup>th</sup>- 8<sup>th</sup> grade female athletes

**Cost:** \$50 Checks payable to ESD. Registration due by Thursday, May 12<sup>th</sup>.  
T-shirts not guaranteed after Thursday, May 12<sup>th</sup>.

District Champions 2008, 2009, 2010, 2011 State Appearances: 2008, 2009, 2010, 2011 (7<sup>th</sup> place) and 2013 (5<sup>th</sup> place).  
Back to Back State Academic Champions 2014 and 2015!



Please return registration form, release form and \$50 payment to:  
Carolyn Landry, Meadowdale HS, 6002 168<sup>th</sup> St. SW, Lynnwood WA 98037 by May 12<sup>th</sup> 2016

Athlete Name:

Address:

City

Zip:

Parent/Guardian Name:

Parent/Guardian Phone:

Parent Email Address:

You will receive a confirmation of registration by way of email

Current School:

Current Grade:

If an 8<sup>th</sup> grader, what high school will you attend in the Fall:

T-Shirt size (Circle one) Youth: S M L XL OR Adult: S M L XL

### Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the Meadowdale HS Volleyball Youth Camp, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of 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 MHS Volleyball Youth Camp, May31st-June 2nd 2016 (date), 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 \_\_\_\_\_