

ALIEF SUMMMER VOLLEYBALL CAMP

Cost: FREE!!

Who: Any 4th thru 7th graders

When: July 25th 5:00-7:00pm

Where: Elsik High South Gym (Dairy Ashford Side) -- 12601 High Star Rd.
Houston, TX 77072

What: Volleyball skills camp to learn to play and love the game of volleyball

How: Campers will be expected to follow Alief Athletic COVID protocol. Campers will be taught the fundamentals of the game of volleyball, ball control, specific volleyball movements and enjoy games. The camp will be from 5:00pm-7:00 with breaks throughout.

Campers should bring their own water, Gatorade or anything needed during breaks.

Campers should be picked up promptly at 7:00pm from the Elsik South Gym. You may register in advance or bring your form the day of camp. **All athletes will need a signed registration/ waiver form before they are able to participate in the camp.**

Please contact Alyssa Lantz (information below if you have any questions)

Alyssa Lantz
Alief Elsik High School
12601 High Star Rd
Houston, TX 77072
Email: ajlantz@ga.aliefisd.net
Cell: 815-979-9877



ALIEF SUMMMER V CAMP

REGISTRATION FORM AND WAIVER Player/Parent Information

Participants Name: _____

Current Grade: _____ School you Attend: _____

Have you played volleyball before? YES or no If so, where? _____

Parent Name: _____

Parents Phone: _____

MEDICAL RELEASE I hereby allow _____ (child's name) to participate in the Alief Summer Volleyball Camp. I know of no mental or physical problems which may affect my child's ability to safely participate. I realize that volleyball is a physical activity involving contact. I therefore accept responsibility for my child's physical condition. I hereby promise and agree that I will not hold Alief Summer Volleyball Camp nor its employees liable for any loss, damage, or personal injuries received as a result of participation. I hereby authorize the directors and staff of the Alief Volleyball Camp to act for me in accordance with their best judgment in any emergency requiring medical attention. Furthermore, I hereby release the Alief Volleyball Camp and its agents and its staff from any and all liability for any injuries or illnesses that may arise during the volleyball camp. I understand and assume the hazards and risks associated with this activity and waive all claims against the Alief Summer Volleyball Camp and its staff.

I have read and understand the waiver and release
Signature of Parent or Guardian Date: _____

Additional Emergency Contact: _____

Additional Emergency Phone #: _____