

ALIEF ELEMENTARY VOLLEYBALL CAMP

Cost: FREE!!

Who: Any 4th, 5th, and 6th graders

When: May 19th 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 ELEM. VOLLEYBALL CAMP

REGISTRATION FORM AND WAIVER Player/Parent Information

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Grade: _____ School you Attend: _____

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

Parent Name: _____

Parent Work Phone: _____ Parent Cell Phone: _____

ALIEF INDEPENDENT SCHOOL DISTRICT RELEASE AND WAIVER OF RIGHTS

By this agreement, I hereby release Alief Independent School District, its officers, directors, elected officials, appointed officials, employees, servants, agents, attorneys, insurance carriers and self insurance pools ("releases"), and waive any rights I may have against said school district or any above mentioned parties for any mental or physical injury or death to my child, me, or damage to my personal property, whether caused by releasees' negligence or otherwise, while participating in this program/activity of the Alief Independent School District. I acknowledge and understand that my participation/my child's participation in this program/activity may be dangerous at any of the above mentioned levels.

I acknowledge that Alief Independent School District does not derive any benefit from my participation. Further, I acknowledge that the decision is purely my choice and is made with full knowledge of the extent of the danger in so-doing and a full waiver of any rights to any claims for mental or physical injury or death, or property damage which may result.

I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER OF RIGHTS/AGREEMENT TO PARTICIPATE

SIGNATURE OF PARENT _____ SIGNATURE OF STUDENT _____

PRINTED NAME _____ Dated this _____ day of _____ 2017

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 X _____
Signature of Parent or Guardian Date Signature of Camper Date

Emergency Contact: _____

Emergency Phone #: _____

Medical Insurance Company: _____

Policy Holder and Number: _____