



FUTURE ELSIK RAM VOLLEYBALL CAMP

Cost: FREE!

Who: Alief 8th and 9th Graders going to Elsik

When: July 25th, 26th, and 27th 12:00pm-3:00pm

Where: Elsik South Gym (Dairy Ashford Side)

What: Volleyball skills camp to prepare for high school volleyball

How: Alief Athletic COVID protocols will be followed. If the camper is not feeling well and showing any symptoms of illness, please stay home.

All campers will receive quality instruction from the Elsik High School coaching staff. Campers will be taught the fundamentals of the game of volleyball, ball control, specific volleyball movements and enjoy games. The camp will be from 12:00pm-3:00pm with breaks throughout. **Campers should bring their own water, Gatorade or anything needed during breaks.** Campers should be picked up promptly at 3:00pm 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: alyssa.lantz@aliefisd.net
Cell: 815-979-9877

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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 #: _____