



2017 Columbus High School Cardinal Volleyball Camp



**Instruction from Coach Holly Graham Watts,
Head Coach at The University of Texas at El Paso**

Camp is open to any and all, according to age/grade noted and space available

Dates: June 14-16, 2017
Site: Columbus High School Gym

Ages & Times **June 14 - June 16th:**
5th & 6th graders: 8:00am-10:00am
7th & 8th graders: 10:00am-12:00pm
9-12th graders: 1:30-4:00pm

Fees: \$10 per hour per camper

Total cost: \$60.00 per camper for 5th-8th \$75 for high school (***make checks payable to Holly Watts***)

When to Register: Pre-registration required with Coach Johns by June 1, 2017

Camp is open to any and all, according to age/grade noted and space available

CAMPER INFORMATION

Name: _____

Grade ('17-'18 school year): _____ **Phone:** _____

Address: _____

Release Form/Emergency Information

As a custodial parent or court-appointed guardian of _____ (child's name), I do for both of child's parents, for child and child's heir and successors, release "Columbus Volleyball Camp" and any of its agents, employees, or staff from all claims arising out of or connected with the child's participation in any of the "Columbus Volleyball Camp" activities. I provide this release because I am mindful that athletics, physical training and competition can be a dangerous undertaking regardless of how careful or prudent any person, firm, or facility might be. Furthermore, I give permission to the staff of "Columbus Volleyball Camp" to treat child or arrange for medical care or treatment deemed necessary. If circumstances permit, the staff will attempt to communicate via telephone with the following emergency contacts for child.

Primary Emergency Contact _____

(NAME, RELATIONSHIP, PH. #)

Secondary Emergency Contact

(NAME, RELATIONSHIP, PH. #)

In the event neither emergency contact can be reached, or if the urgency of the situation requires immediate attention without prior telephone contact, "Columbus Volleyball Camp" staff may arrange for medical treatment at the expense of parent or guardian signing form.

Health insurance, PPO:

Ins. Company: _____

Policy #: _____

Address: _____

Telephone: _____

Allergies (if any): _____

Heart disease or other: _____

Parent/Guardian Signature

Date