

# SUMMER VOLLEYBALL CAMP

Boys and Girls Entering Grades 5-8

**DATES: August 5 - 7, 2019**

**TIME: 9:00-11:00am**

**LOCATION: CLOVIS HIGH SCHOOL SOUTH GYM**

**CAMP FEE: \$50 if pre-registered (by 7/19/19) or \$60 at the door.**

**DEADLINE: Applications received after July 19 will have a fee increase of \$10.**

**COACHING STAFF: Clark Volleyball Coaches & High School Players**

**CONTACT: Leicia Riding 327-1534 (until 6/7) or 906-5374; [LeiciaRiding@cusd.com](mailto:LeiciaRiding@cusd.com)**

**Mail Application Form with Camp Fee To:**

**SUMMER VOLLEYBALL CAMP**

**c/o Coach Riding**

**653 W. Stuart Clovis, CA 93612**

*Make checks payable to: Clovis Unified School District*

**Do not mail to the address above after July 19th.**

**Late registration at the door is \$60, if space is available.**

-----  
*Application Form (please print)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_

Parent Cell \_\_\_\_\_ Parent Wk \_\_\_\_\_ Email \_\_\_\_\_

School attended in May 2019: \_\_\_\_\_

Grade in the Fall '19 \_\_\_\_\_

**T-shirt size (circle one) Youth L Adult S M L XL**

My child has my permission to attend the above camp on August 5-7, 2019. I certify that my child has no medical or emotional problems which may affect his/her ability to safely participate in all camp activities. I hereby authorize the camp director & coaches to act for me according to their best judgment in any emergency requiring medical attention while attending camp.

**I understand that my child MUST HAVE current and active medical insurance before he/she can attend camp.** I hereby waive and release the Clovis Unified School District, its employees and camp staff from all claims arising from any injuries or expenses relating to injuries while my child is at camp. *List of any allergies, medications, limitations and/or conditions (in the event that medical attention needed):* \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**In case of emergency contact:** \_\_\_\_\_ **Ph.#** \_\_\_\_\_

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.