

# Little Cougars Volleyball Camp

For kids in 2nd-5th grades

June 14th-16th 2017

5:30pm-7:00pm

Capital High School Gym

Includes a T-Shirt

This camp is for any kids currently in 2nd through 5th grade. The camp will focus on basic fundamental skill introduction, lots of quality ball contact, feedback from CHS coaches and current CHS players, and FUN!

Campers will be grouped according to age and skill level.

Focus on learning the correct techniques for passing, setting, hitting and serving will be emphasized each day through individual, group and game like drills and practice. A low player to coach ratio will ensure that each camper is getting lots of repetition and positive feedback. Encouragement to try new skills and have a positive experience while at camp is our priority.

**DATE:** Wednesday June 14th, Thursday June 15th and Friday June 16th

**TIME:** 5:30 pm- 7:00pm

**LOCATION:** Capital High School Gym

**COST:** \$45 per camper (includes a t-shirt)

**Campers should bring:**

Athletic shoes

Water bottle

Small snack if needed

Knee pads are optional

Questions?? Email Head Coach Katie Turcotte  
kturcotte@osd.wednet.edu

**Please mail registration and payment to:**

Checks payable to CHS ASB volleyball

**Katie Turcotte  
Capital High School  
2707 Conger Rd NW  
Olympia Wa, 98512**

**LITTLE COUGARS VOLLEYBALL CAMP REGISTRATION 2017**

Player Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Current School \_\_\_\_\_  
Parent Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_  
Email \_\_\_\_\_ Emergency contact Name and # \_\_\_\_\_

T shirt size: (circle one)    YS   YM   YL   YXL   AXS   AS   AM   AL

My child \_\_\_\_\_ has my permission to participate in the Little Cougars Volleyball Camp, held at CAPITAL High School on June 14-16, 2017. I have reviewed the itinerary and rules concerning this activity and give permission for my child to participate.

**Release of Liability**

I expressly recognize that my child is responsible for his/her behavior and that all school rules of conduct apply while participating. I agree to hold harmless and indemnify the Olympia School District from all claims that might be filed against the school or Olympia School District, it's hired or contracted employees, instructors, officials, or agents, for any and all injuries or losses that may be suffered because of my or my child's participation in the above activity. I consent to my child's participation in the activity/program and authorize the Olympia School District employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition(s), which would interfere with his/her participation.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Participants Age/Grade

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please mail registration and payment to:**

Checks payable to CHS ASB volleyball- \$45

**Katie Turcotte**

**Capital High School**

**2707 Conger Rd NW**

**Olympia Wa, 98512**

**Enclosed Cash \_\_\_\_\_ Check \_\_\_\_\_**

(if you pay and cancel there will be a \$15 refund fee)

**\*\*Please sign both portions (above & below) and submit with payment \*\***

**CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT**

The purpose of this acknowledgement form is to confirm that you have read and understand the information provided you related to potential concussions and head injuries occurring during participation in athletic programs.

I, \_\_\_\_\_, as a student at \_\_\_\_\_  
(name of camper) (name of school)

and I, \_\_\_\_\_, as a parent/legal guardian of the above-named student, \_\_\_\_\_,  
(Please Print Name) (Please Print Name)

have read the information material provided to us by the Olympia School District related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Disclaimer - This is NOT a school-sponsored activity. The Olympia School District has neither reviewed nor approved the sponsoring organization or its program, personnel, and activities announced in this flier. The sponsoring organization and participants agree to protect, indemnify, and hold harmless the District, its board of directors, employees, and agents, from any and all claims, liabilities, damages, expenses or rights of action, directly or indirectly attributed to the organization, or its program, personnel, and activities. Permission to distribute this flier should not be considered an endorsement or recommendation of the program by the District.





