

Little Cougars Volleyball Camp

For kids currently in 1st-4th grades

Saturday June 1st

9:00am-12:30pm

Capital High School Gym

Includes a T-Shirt

This camp is for any kids currently in 1st through 4th 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 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: Saturday June 1st

TIME: 9:00am-12:30pm

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

Return registration by 5/22/19 to

Guarantee t-shirt

Katie Turcotte

Capital High School

2707 Conger Rd NW

Olympia Wa, 98512

LITTLE COUGARS VOLLEYBALL CAMP REGISTRATION 2019

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 1st 2019. 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 ___

****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