

# VOLLEYBALL CAMPS



## Summer 2019

HIGH SCHOOL PREP CAMP	YOUTH CAMP
<p><b>DATE:</b> August 5<sup>th</sup> – 8<sup>th</sup> from 8 am – 11 am August 12<sup>th</sup> – 15<sup>th</sup> (location to be determined)</p> <p><b>COST:</b> \$75 for both weeks plus a Free Shirt</p> <p><b>GRADES:</b> 9<sup>th</sup> – 12<sup>th</sup></p> <p>NO SKILLS REQUIRED</p> <p><b>Payments:</b> You can pay online through “Online Payments Link” on the Aloha High School webpage OR make checks payable to Aloha High School Girls Volleyball.</p> <p><b>*DUE TO RENOVATIONS to the Aloha gym camp will be held at Beaverton High School the first week.</b></p>	<p><b>DATE:</b> August 5<sup>th</sup> - 8<sup>th</sup> from 11 am – 2 pm</p> <p><b>Cost:</b> \$65 plus a free shirt</p> <p><b>GRADES:</b> 5<sup>th</sup> – 8<sup>th</sup></p> <p>NO SKILLS REQUIRED</p> <p><b>Payments:</b> You can pay online through “Online Payments Link” on the Aloha High School webpage OR make checks payable to Aloha High School Girls Volleyball.</p> <p><b>*DUE TO RENOVATIONS to the Aloha gym camp will be held at Beaverton High School.</b></p>

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ YEAR IN SCHOOL (19-20): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

CAMP ATTENDING: (Check One) HIGH SCHOOL PREP CAMP \_\_\_\_\_ YOUTH CAMP \_\_\_\_\_

T-SHIRT SIZE: Youth OR Adult (Circle One) XS S M L XL XXL

Aloha High School Address: 18550 SW Kinnaman Rd, Beaverton, OR 97078

Beaverton High School Address: 13000 SW 2nd St, Beaverton, OR 97005

**\*The Beaverton School District does not sponsor nor endorse the activities and/or information in community flyers.**

PRINT NAME OF CAMPER: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Please list any medications currently being taken or any allergies and/or medical conditions that might restrict this individual from participating in any camp activities: \_\_\_\_\_

I, hereby authorize and consent to the use of my child’s visual image by ALOHA HIGH SCHOOL for appropriate purposes, including but not limited to: photography, video, electronic and print publications, and websites. I certify that the named Camper is physically fit for playing Volleyball and other related activities and has my permission to participate in the camp program. In case of emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I authorize the Warrior Volleyball Camp Staff to perform immediate medical care, which includes but not limited to the referral of other appropriate health care professionals for injury or illness that may occur while my child is participating in camp activities. Any expense incurred from such injury is the responsibility of the person signing below. I understand that the Warrior Volleyball Camp, Aloha High School, and the Beaverton School District do not provide medical insurance, and that my son or daughter is insured on a medical policy.

PARENT/GUARDIAN Signature: \_\_\_\_\_ Date: \_\_\_\_\_