



Community Schools - OC Beach Volleyball Winter Camp

We are excited for our 10th season of Beach Volleyball Program for 2024-25! This camp is designed to help all athletes at O’Connor High School to prepare themselves for their upcoming new Beach Volleyball season to work on skills, game like drills, individual strength and agility and speed training! **Our philosophy is to train athletes to become elite in their respective sport by improving hand eye and foot eye coordination, reaction time, speed, awareness, and injury prevention.**

Location: O’Connor Beach Courts 25250 N 35th ave, Glendale, AZ 85083

Dates: Dec 9th, 10th, 11th (Mon, Tues, Wed – HS & JH) **Training**

Times: 2:45 PM – 4:30 PM (HS) AND 4:00-5:30 PM (6-8th Grade)

Includes Tournament: Dec 13th (HS @ 1:30, JR @ 3:00)

Campers: Open to all athletes 9-12th Grade

Cost: \$160.00

6-8th Grade

Cost: \$130.00

Registration: To register bring to Coach Spartz, Room 819, or register online @<https://az-deervalley.intouchreceipting.com/>, or send registration form to: Attention to Jamey Spartz, 25250 N. 35th Ave, Glendale Az 85083 or call 623-445-7142

DVUSD Athletics Off Season Practices, Camps & Clinics Waiver Form

Date: _____ School: _____

Student Name: _____

Activity: _____

By my signature below, I, as parent or legal guardian of the student named above (“the Student”), am confirming that I understand and agree to the following terms of participation for the Student to attend all DVUSD Athletics Off Season Practices, Camps and Clinics (“Clinic”) and participate in the activity (“the Activity”) noted above.

Parent’s Informed Consent/Release and Discharge of Liability

I am providing my informed consent for the Student to participate in the Clinic and the Activity.

I have been informed of the nature of the activities to be conducted and am aware of the hazards and risks that may be associated with the Student’s participation in the Clinic and Activity, including potential risks of bodily injury, death or damage to property which may occur from known or unknown causes. I have been made aware of the hazards associated with athletic activities and nonetheless am providing my permission for the Student to participate in the Activity. **I agree to accept these risks as a condition of my child’s participation in this program.**

I hereby release and discharge employees, agents, instructors, coaches, volunteers and directors of the Clinic from any and all liability, claims, or causes of action resulting in any kind of damages, illnesses, injuries, to the Student in any way relating to or arising out of the Clinic or Activity, or in any way related to its premises, including travel to and from the location of the Clinic or Activity. I have had sufficient time to review and seek explanation of the provisions contained herein, have carefully read them, understand them fully and agree to be bound by them. Parent’s Consent for Emergency Care for Student and Responsibility for Costs of Care

I authorize District personnel, Clinic personnel, emergency medical providers, licensed health care providers, medical doctors and hospital personnel to obtain and/or provide emergency medical aid, treatment, or care to the Student in the event the Student is injured or ill while participating in the Clinic or Activity. I understand and agree that I am responsible for payment of any and all costs incurred for the emergency care and treatment of the Student. Payment of health care expenses is not a District responsibility.

Parent Print Name: _____