

The Placer Volleyball Camp is held in the Placer High School gymnasiums. Camp is directed by Placer Head Girls Varsity Coach Jennifer Wright. She is a former UCLA player and UCLA and UOP grad assistant. Jennifer will be assisted by her Placer coaching staff and former and current Placer players.

The camp will emphasize individual fundamental skill development as well as game strategies, team work and practice organization. Each camper will receive a camp t-shirt. Sign up now for enrollment is limited and the camp will fill up quickly.

Cost: \$75.00

Send your payment and registration to:

Placer High School

275 Orange St.

Auburn, CA 95603

clo Jennifer Wright

Direct any questions to

Coach Wright, (530) 863-0018

Make Checks payable to :

Placer Girls' Volleyball

Jennifer Wright
Placer High School
275 Orange Street
Auburn, CA 95603

21st Annual
PLACER
High School
Girls'
Volleyball Camp

Girls entering grades
4-9

June 15-18

6-9pm



STAMP

LADY HILLMEN
VOLLEYBALL

Placer High School Girls' Volleyball Camp

June 15—18, 2015
Girls entering grades 4-9

Camp Session
6:00—9:00 PM

Cost: \$75.00 Early Registration

\$85.00 At the Door

Cost Includes a t-shirt, 4 days of volleyball fundamentals, games and contests.

Please make checks payable to:

Placer Girls' Volleyball

Send check and registration to:

Placer High School

275 Orange St. Auburn, CA 95603

c/o Jennifer Wright

If you have any questions, call

Coach Wright: 530-863-0018

PUHSD SUMMER ATHLETIC EVENT & PARENT CONSENT AND RELEASE

Events, competitions, camps etc. which are held during summer vacation are non-mandatory and therefore are voluntary activities. Because of this voluntary nature, participants are expected to provide their own transportation to and from these events. The school district and staff are not responsible for transportation provided during the summer. In all cases, transportation and liability insurance are the responsibility of each individual.

Please complete the following information:

Nature of the sport _____ Dates) _____ Grade _____ Tshirt Size _____

Student's Name _____ (Home) Phone: _____

Address: _____

Father's Name _____ (H) Phone: _____ (W) Phone: _____

Mother's Name _____ (H) Phone: _____ (W) Phone: _____

Emergency Contact: _____ (H) Phone: _____ (W) Phone: _____

Family Physician: _____ Phone: _____

Any medical conditions we should be aware of for summer participation? _____

All students participating in summer sports programs must have their own health insurance or be covered by student accident insurance. Student accident insurance forms are available in the school office. The student will be covered for one year from the time of purchase of insurance. To be covered during summer programs, you must purchase either 24 hour or football coverage insurance.

The above named student already has health insurance coverage with:

Company _____ Address _____

Phone # _____ Group # _____ Member # _____

Policy in the Name of _____

We have enrolled the above named student for the following coverage offered by Myers Stevens & Co. Inc.

Coverage _____ Issued _____

Please read informed consent and release authorization

I, the parent/guardian or the child whose name appears above, hereby authorize my child to participate in the program listed above. I agree to indemnify and hold harmless the PUHSD Staff, PUHSD High School, their employees, students and volunteers from and against all liability for injury, accident or damages which may result from his/her participation in the above mentioned activity. I also agree that PUHSD Staff may act as best fit the situation in case of an emergency, illness or injury, if efforts to contact me or other emergency persons fail.

I HAVE READ AND UNDERSTAND THIS RELEASE FORM AND UNDERSTAND THAT MY CHILD'S PARTICIPATION IS PURELY OPTIONAL AND NOT A MANDATED SCHOOL ACTIVITY.

PARENT/GUARDIAN SIGNATURE

DATE