

State College Boys' Volleyball Camp

Who: Boys entering grades 5-9 in the 2023/2024 school year.

What: The State College Boys' Volleyball Camp is designed to develop fundamental skills of volleyball with emphasis put on team concepts through the experience of fun activities appropriate to age and skill level.

When: June 19 – June 22, 9:00-12:00

Cost: \$100 includes free t-shirt and various awards

Where: State High North Gym

Instruction: Members of the State College Girls' & Boys' Volleyball team will assist the State College volleyball coaching staff.

Please email the waiver form to:
cew16@scasd.org

Payment:

Venmo

@StateBVB-23

If you would prefer an alternative payment method, please contact me at cew16@scasd.org.

*Financial Support Available:

<https://www.scasd.org/Page/40480>

*Walk-ins welcome. T-shirts only available if registration is turned in by May 30



WAIVER FORM

Participant Name(s): _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Cell Phone: _____

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all sports and field related activities. My signature below indicates that I assume the risk of any injuries that myself or my children may sustain while participating in any activity associated with the State College Area SD and for any injuries which myself or my child may sustain.

I ensure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

I agree that the coaches, counselors, organizers, sports medicine staff, and camp associated members shall in no way be responsible for any injuries I or my child may suffer while engaged in this camp. Further, we hereby release the coaches, counselors, organizers, sports medicine staff, and camp associated members of and from any and all liability for such injuries.

I give permission for camp coaches or outside contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child(ren) become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

(Parent/Guardian signature/Date)

(Date)