



# VOLLEYBALL CAMP

**June 25-27, 2024**

**Grades 1-4: 9-1030am \$50.00**

**Grades 5-8: 9-1130am \$70.00**

**Grades 9-12: 4-7pm \$90.00**

## **T-Shirt + Camp Ball Included for ALL campers**

(pre-registration must be received by June 1 to be guaranteed a tshirt and ball)

**Grades 1-5 will focus on a general introduction to the fundamental skills with an emphasis on proper form and technique.**

**Grades 6-8 will focus on a more in depth approach to skills with higher level drills. Individual and Team competitions will be added to provide opportunity for a better understanding of the game.**

**Grades 9-12 is for high school athletes that have a good knowledge of the skills and game of volleyball. High level drills conducted are focused on specific techniques. Individual and Team competitions are utilized to create game-like applications to techniques and skills.**

**REGISTER ONLINE:**



## Registration Form

Complete and mail to Kamber Kelly 2924 Tartan Rd Billings, MT 59101. Must be received by June 1 to guarantee a tshirt and ball.

Camper Name: \_\_\_\_\_ Grade: \_\_\_\_\_ TShirt Size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment Method: Check or Venmo (checks should be payable to Kamber Kelly)



### Shepherd Volleyball Camp Liability Form

Camper's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

#### Liability Release and Parental Consent Form

I give consent for my child \_\_\_\_\_ to participate in the Shepherd Volleyball Camp, and I execute the following liability release on their behalf.

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Shepherd Athletics, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Consent for Treatment: I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Shepherd Athletics will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_