



# 2022 Cactus Shadows Girls Volleyball Summer Camp

## JULY 18 through JULY 21

**5<sup>th</sup>-8<sup>th</sup> Grades Fall '22 (9:30am-11:30am)** First day please arrive @ 9:00am

**9<sup>th</sup>-12<sup>th</sup> Grades Fall '22 (12:30pm-2:30pm)** First day please arrive @12:00pm

The Camp cost is \$150 for 8 hours of skills work and competitive play. Fees also include a camp t-shirt. All camp fees go directly to the Student Activity Fund to benefit the CSHS Girls Volleyball Program. Camp is hosted and insured by the Falcons Athletic Club [www.falconsathleticclub.org](http://www.falconsathleticclub.org)

Location	For Additional Information	Camp Coaches
Cactus Shadows High School - Blue Gym 5802 E Dove Valley Road Scottsdale, AZ 85331	Please contact Nicole Blauvelt 602-790-7251 nblauvelt@ccusd93.net	<b>Nicole Blauvelt - CSHS Varsity Coach</b> <b>Hector Olivera Jr.- JVA</b> <b>Adria Heriot - Freshman/JVB</b>

### Volleyball Camp Registration Information & Medical Consent

Camper's Name \_\_\_\_\_ Camp Attending:  5<sup>th</sup>-8<sup>th</sup> Grades  9<sup>th</sup>-12<sup>th</sup> Grades

Parents' Names \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 2022) \_\_\_\_\_

Circle camper t-shirt size:      SMALL                  MEDIUM                  LARGE                  X-LARGE

#### **CAMP PAYMENT INFORMATION** \*\*Registration deadline is Friday, July 8th, 2022

\$150 Payment must be submitted and this form must be completed and sent via email to [nblauvelt@ccusd93.net](mailto:nblauvelt@ccusd93.net) to reserve your spot, prior to registration deadline.. If you are in-district, use the online payment <https://az-cavecreek.intouchreceipting.com>, Click Items At All Schools, High School, Cactus Shadows, Summer 2022, Volleyball Camp. You can also mail a check payable to "Cave Creek Unified School District" for \$150 with the mailing address of "CSHS Summer Volleyball Camp, Attn: J.Courtney, PO Box 426, Cave Creek, AZ 85327".

#### **MEDICAL CONSENT**

Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

**Please notify us of any health or medical concerns regarding your child and attach with this registration.**

**Please read carefully and sign this form giving full consent to participate and receive medical attention if necessary:**

*I HEREBY AUTHORIZE THE CAMP COACHES ON BEHALF OF **FALCONS ATHLETIC CLUB** TO ACT FOR ME IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I AGREE TO ALLOW MY CHILD TO BE TREATED BY A LICENSED PHYSICIAN WHILE ATTENDING FALCON VOLLEYBALL CAMP AND TO ASSUME ALL COSTS RELATED TO SUCH TREATMENT. I WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS I HAVE AGAINST **FALCONS ATHLETIC CLUB** AND/OR ITS REPRESENTATIVES FOR DAMAGES AND INJURIES WHICH MAY BE SUSTAINED BY ME OR MY ATTENDING SON/DAUGHTER. I UNDERSTAND THERE IS NO MEDICAL STAFF ON DUTY AND 911 MAY BE CALLED IN CASE OF AN EMERGENCY.*

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_