



2019 Volley Academy Summer Youth Camps

Volley Academy's founder, **Kelly Audia**, has an extensive background in volleyball including club, high school and NCAA Division I coaching experience. He has trained hundreds of players from beginners to All-Americans.

John Edwards is the current varsity coach at Sequoyah High School and a director at 575 Volleyball. Sequoyah has been to three State Finals during his tenure, winning a State Championship in 2014. He has trained and coached multiple All-State players and players that have went on to play in all levels of collegiate volleyball.

CAMP LOCATION: SEQUOYAH HS

Campers should arrive 30 minutes before the camp begins for final registration on the first day and no earlier than 30 minutes prior to camp on subsequent days. Players should wear proper volleyball attire including athletic shoes and knee pads when possible. Please bring water and a light snack for breaks.

Jr. Chiefs Camp- Upcoming 5th-8th Grade:
(Coach Edwards; Sequoyah coaches and players)
June 3rd - 6th (9:00am - 12:00 noon) \$125
____ Beginner (0-1 yrs experience)
____ Experienced (2+ yrs)

July Individual Camp (All schools welcome)
(Volley Academy staff)
July 22nd - 24th (6:00pm - 8:45pm) \$85
____ Beginner (0-1 yrs experience)
____ Experienced (2+ yrs)

Upcoming 2nd-4th Grade: \$60
(Volley Academy staff)
July 22nd - 24th (6:00pm - 8:00pm)
____ Beginner (0-1 yrs experience)
____ Experienced (2+ yrs)

**Please register online at www.volleyacademy.com
AND
Mail completed form and payment to:
3070 Quarles Drive
Canton, GA 30115**

Payments accepted in cash or make checks payable to:
VOLLEY ACADEMY

Participant Name: _____

Age: _____ Grade (Fall 2019): _____

Eventual High School: _____

Parent's Name: _____

Phone (Cell): _____

Parent Email: _____

Adult T-Shirt Size: S M L XL

Youth T Shirt Size: YM YL YXL

All preregistered and paid campers will receive a t shirt.
(June Camp: before 5/24, July Camps: before 7/12)

The camp is presented in a high repetition format and consists of fun ways to keep the athlete moving and learning!

WAIVER/RELEASE FORM

Participants Name: _____

Emergency Contact: _____

Phone: (H) _____ (W) _____
(Cell) _____

Relationship to Participant: _____

PARTICIPANT INFORMATION: Please check the correct response and fill in any necessary information.

Is the participant allergic to anything?

YES () NO ()

If yes, please list _____

Is the participant currently taking any medication?

YES () NO ()

If yes, please list _____

Photo permission. Pictures may be taken at programs. We encourage parents to allow photos to avoid isolation of participants during photo sessions. Pictures are used for scrapbooks, publicity, or brochures. By signing this waiver you are also granting permission for photos to be taken.

EMERGENCY TREATMENT & TRANSPORTATION PERMISSION:

In case of accident or injury, **Volley Academy** needs parental or guardian permission for emergency treatment and transportation. A signature below grants this permission.

INSURANCE INFORMATION: Health, medical, and hospital coverage is the responsibility of the participant, parent or guardian.

Insurance Co: _____

Policy#: _____

HOLD HARMLESS-INDEMNITY RELEASE FOR PARTICIPANTS, CAMP WAIVER & RELEASE OF ALL CLAIMS:

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against CCBOE, **Volley Academy**, and their officers, agents, servants and employees". I have read and fully understand the above Program Details and Waiver and Release all Claims.

Signature(s): _____

Please print name: _____

Date: _____

For more information, visit
www.volleyacademy.com
or
john.edwards@cherokee.k12.ga.us
770-378-7287

Cancellation Policy:
Total Amount refunded if camp is cancelled.
Otherwise, no refunds issued
unless your spot can be filled.