



SERVICE HIGH SCHOOL'S 2023 SUMMER VOLLEYBALL CAMP



**For incoming 3rd - 9th Graders (Beginners are welcome)
June 5-8, 2023 (Please note times depending on grade level)**

Grades 3rd - 6th 9:00am to 11:30am

Grades 7th - 9th 1:00pm to 3:30pm

\$150.00 per player

**We will have two sessions daily depending on your grade level.
This will allow coaches to focus on individual skills and talents.**

The LCVBC Summer Camp is a non-profit fundraiser that supports the Service High Volleyball Program.

WHAT TO BRING: Knee pads, shorts, court shoes, outside shoes (for sand volleyball-weather permitting), full water bottle, and healthy snacks. The Booster Club will provide a snack, but you know your child and if they need more snacks for a 2 1/2 hr camp.

MAKE CHECKS PAYABLE TO: Lady Cougar Volleyball Booster Club

MAIL TO: LCVB Summer Volleyball Camp

PO Box 110044 Anchorage, AK 99511-0044

REFUND POLICY: Camp space is confirmed only when payment has been received. By submitting this form, you understand that there is no refund of any funds once payment is received. If a player cannot participate due to illness or injury, fully supported by a doctor's written evaluation, contact LCVBC.

The LCVBC will offer two scholar ships.
Contact lcvb.servicehigh@gmail.com for questions.

PARENTS: Please come into the gym; we will have a sign-in/sign-out sheet.

The Anchorage School District does not endorse these materials or the viewpoints expressed in them.

REGISTRATION FORM

Service High School Summer Volleyball Camp

Name _____ Age _____
Grade (in fall) _____ Phone Number: _____
Address _____
Zip _____ Email _____

T-Shirt size (CIRCLE ONE) Youth (L or XL*) Adult (S, M, L, XL) *Youth XL runs wider than Adult Small

IMPORTANT!! PARTICIPANT WAIVER In consideration of the acceptance of my child's, _____, entry in the Service High School Volleyball Camp on June 5-8th 2023, sponsored by Service's Lady Cougar Volleyball Booster Club, I, the undersigned parent/guardian, intending to be legally bound, do hereby for myself and heirs, executors, administrators, and assigns, forever waive, release and discharge any and all right, claims and actions for damages that may have, or that may hereafter accrue to me against Service's Lady Cougar Volleyball Booster Club, including all unit, council and district organizations and all of their officers, directors, members and volunteers. I attest and verify that my child, _____ is physically fit and able to participate in this event and acknowledge that I, _____ am aware of the inherent risks in participating in an athletic event of this type.

Signature: _____
Printed Name _____
Relationship to Child: _____ Date: _____

Emergency Contact Name: _____
Phone Number: _____

PRIMARY Insurance Co: _____
Primary Group/Policy: _____
Family Physician Name & Phone Number: _____
Any medications currently being taken: _____
Any allergies: _____

if "None" please write NONE.

I will assume financial responsibility for the bills incurred through my insurance company.

Signed: _____ Date: _____

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Follow us on Instagram @ service_volleyball
www.servicevolleyball.com