



# Future Warrior Volleyball Camp



This camp and clinic emphasizes volleyball best practices, teaches systems, growth mindset and what it really means to be a “team player”. Athletes can anticipate a lot of direct coaching from experienced players and coaches. There will be daily activities and fun competitions, as well as prizes and dress up days!



**August 5th-8th,**

Youth Camp (2nd-6th grade): 9-1pm

Advanced Clinics (7th-12th grade): 3-5 pm

## Cost

Grades 2-6 \$45 per player

OR \$70 for families (two or more)

Grades 7-12 \$10 a session (or \$30 for all four sessions)

## Contact

Joelle Berger or Denee Newton to pre-register for little warrior camp and get \$10 off

[joelleberger10@gmail.com](mailto:joelleberger10@gmail.com)

[denee.newton@philomath.k12.or.us](mailto:denee.newton@philomath.k12.or.us)

(541) 521-2640 (text or call)

## Youth Camp:

**Bring a water bottle, knee-pads, athletic clothing, a lunch and a snack, and a good attitude!**

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## CAMP REGISTRATION (GRADES 2-6):

☐ One participant      ☐ Family Registration (2 or more)

Participant \_\_\_\_\_ DOB \_\_\_\_\_ GR \_\_\_\_\_ School \_\_\_\_\_

Participant \_\_\_\_\_ DOB \_\_\_\_\_ GR \_\_\_\_\_ School \_\_\_\_\_

Participant \_\_\_\_\_ DOB \_\_\_\_\_ GR \_\_\_\_\_ School \_\_\_\_\_

Participant \_\_\_\_\_ DOB \_\_\_\_\_ GR \_\_\_\_\_ School \_\_\_\_\_

# Extracurricular/Club/Camp/Team Activity Liability Release Form—Philomath School District

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Name/Cell #'s: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact and Phone (Other Than Parent): \_\_\_\_\_  
\_\_\_\_\_

## Program: Future Warrior Volleyball Camp

**I understand that transportation related to and participation in this Activity is not a required school activity. The Activity is voluntary and will expose my child to risks of injuries.** Some of these risks are foreseeable, but some are unforeseeable. Examples of risks include physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Also, **some of these risks cannot be eliminated due to the nature of the Activity. I understand that these risks could cause harm to my child, his/her property, and harm to other persons.**

I fully recognize the dangers inherent in the voluntary Activity, but I am willing to allow my child to participate in the Activity. In consideration for providing my child the opportunity to participate in the Activity, **both my child and I voluntarily agree to hold harmless, waive, release, indemnify, defend, and discharge the Philomath School District 17J ("School District") from all liability and claims arising from my child's participation in the Activity including, but not limited to, liability and claims arising from the District's negligent acts.** I agree to these actions to the fullest extent allowed by law. "School District" includes its Board of Directors, the individual members thereof, and its officers, agents, employees, volunteers, and representatives. "Liability and claims" means demands for any value or benefit, such as lawsuits, tort claims, insurance claims, causes of action, fines, fees, and costs (e.g. medical costs and attorney fees). **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above named participant.**

In the event that my child may require emergency medical treatment while participating in the ACTIVITY, I authorize the School District and its agents to secure the help of a medical services provider and to incur the expenses for medical services recommended by the medical services provider, and I will provide for the payment of these expenses.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

This is to certify that THE ABOVE NAMED STUDENT has my permission to attend the above named Activity. In exchange for the opportunity to participate in the Activity, the above named student and I voluntarily release the Philomath School District from all liability and claims arising from the student's participation in the Activity. In addition, I authorize the ACTIVITY staff to secure the service of a doctor or hospital. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs.

**I certify that I have read this document and fully understand its contents.** I have read this document in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to allow my child to participate in this activity.

Dated \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

## Medical Information:

Known allergies (drug or natural) \_\_\_\_\_

Special medication being taken \_\_\_\_\_

History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Any physical restrictions/other conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr. Phone # \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

**PHILOMATH SCHOOL DISTRICT ACTIVITY/SPORTS CAMP  
LIABILITY WAIVER—INDEMNIFICATION FORM—INSURANCE INFORMATION**

**FUTURE WARRIOR VOLLEYBALL CAMP  
AUGUST 5<sup>TH</sup>-8<sup>TH</sup>, 2019**

The purpose of the warning to bring to your attention the existence of potential dangers associated with participation in this sports camp or activity. Please read this information carefully and be aware that in signing up and participating in this activity, you will be expressively assuming all the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child might sustain as a result of participating in any and all activities connected with this activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of the activity, that my child or I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims my child or I may have or accrue to me or my child as a result of participating in this activity against the Philomath School District, Philomath High School or anyone associated with this activity; including the officials, agent affiliates, volunteers, employees and sponsors.

I do hereby fully release and forever discharge the Philomath School District and Philomath High School including their officials, agents, affiliates, volunteers, employees and sponsors of any and all claims of injury, damages or loss that my child or I may have, or which may accrue to me or my child and arising out of, connected with, or in anyway associated with this activity.

I do hereby authorize the instructors of this camp to act on my behalf authorizing any reasonable and necessary medical care, including medicine, for the benefit of that child should the child become ill or injured during the time that the coaches or sponsors are supervising or working with my child during the camp, and if I, or the emergency contact listed below, are unable to be contacted at the listed phone numbers.

**Participant's Name** \_\_\_\_\_ **DOB (dd/mm/yyyy)** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State/Zip** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(parent or legal guardian)

**Medical Information:** Does this child have any limitations, allergies, or other significant medical condition? Yes / No

If yes, please explain: \_\_\_\_\_

**Primary Doctor's Name and Phone Number** \_\_\_\_\_

**Medical Insurance Program and ID#** \_\_\_\_\_