

Waiver and Release

I _____ (we) _____ the _____ Parent(s) _____ of _____ Consent to have the Camden County High School Volleyball Camp administrators and coaches act on our behalf should an emergency situation arise, and I (we) grant them permission to authorize medical attention recommended by the physician or hospital. I (we) accept full responsibility for expenses incurred in any diagnosis or treatment of any accident, injury or illness. It is understood that this authorization is given in advance of any specific authority and power to render care which the aforementioned physician, in the exercise of his or her best judgment, may deem advisable. It is understood that efforts shall be made to contact me (us) in rendering treatment to my (our) daughter, but that any of the treatment will not be withheld if I (we) cannot be reached. This authorization is valid for treatment of emergencies when I (we) am not available to give consent.

I (we) certify that my (our) daughter _____, is covered by a medical insurance policy and therefore, will be covered in case of any injury incurred while participating in this camp.

Signature of Parent(s) or legal guardian(s)

Street Address

City, State, ZIP code

Area Code and Phone Number

Insurance Provider + Policy #
Or provide copy of Ins. Id Card.

Camden County HS Volleyball Camp 2017 Application

Name: _____

Address: _____

Home Phone: _____ Age: _____

Emergency Phone: _____

Parent's Name: _____

Grade (Fall 2015): _____ Years of VB _____

School: _____

Medical Insurance Co: _____

Policy #: _____

Family Doctor: _____

Does the player have any physical limitations?

yes _____ no _____

If so, what: _____

Junior Volleyball Camps

_____ Session 1 May 22- 23 \$60 CCHS 9th Gym

Camp Instructors

William Moore: Head Coach at CCHS; member of the Georgia Coaches Association w/17yrs varsity coaching experience 10 Time "Area Coach of the Year"..

Ashton Barker: Wildcat Assistant Coach.

Hayley Granger: Wildcat Assistant Coach.

Rachel Thompson: Armstrong Atlantic State Volleyball Player. 2010 & 2011 "1st Team All Area Player". CCHS All Time Leader in Blocks. NCAA Record for hitting % in a match

Amy Cox: Emmanuel College Volleyball Player. 2013 & 14 "Area Player of the Year"

Sierra Harvey: Coker College Volleyball Player. 2014, & 2015 "All Area Player".

Mail application, signed waiver form & check made payable to CCHS Volleyball:

**Camden County High School
Summer Volleyball Camp
Att: Athletic Dept c/o B. Moore
6300 Laurel Island Pkwy
Kingsland, GA 31548**

If room is available we will accept payment at the door.
All campers must provide proof of insurance.

2017 Summer Volleyball Camp

Camden County High School Youth Volleyball Camp

SESSION I
May 22-23
9:00 AM-12:30 PM

For players in grades 3 through 12
Camp for beginning and advanced players.

Clinic will be held at
Camden County High School
9th Grade Center Gym
6300 Laurel Island Pkwy
Kingsland, Georgia 31548
(912) 729-7042
(912) 674-1176

**Area 3 AAAAA/ Area 1 AAAAAA
Champions**
2004, 2005, 2006, 2009, 2010,
2011, 2012, 2013, 2014, 2016

\$60.00

Web Page:

<http://camdenvolleyball.weebly.com/>