THE VIEW Youth Volleyball Camp



When:	July 9th-12th from 9am-12pm
Where:	MVHS new gymnasium 3901 W. Linda Vista Blvd. Tucson, AZ 85742
Cost:	\$80/athlete, 2nd child- \$65, 3rd child and on- \$50 Make checks payable to Mountain View High School Memo: Boy's Volleyball Club
Who:	Elementary/middle school boys and girls, ages 5-14
Important Information:	 Be at MVHS 15 minutes prior to 9am to register Camp ends at 12 every day, so please be timely for athlete pick-up Camp will cover basic skills and fundamentals for volleyball through skill stations, scrimmages, and tournament play Athletes will be divided by age and skill level and work with a high school "coach" Campers will be provided snack break during day Please provide water and extra snacks to fuel growing bodies Athletic wear is required for all athletes (t-shirt, shorts, tennis shoes, hair up, knee pads) A good attitude and hard work are very important to having a good camp experience!
Camp Director:	Lindsey Spivey- Varsity Boys Volleyball Coach 928-533-9143 or <u>l.n.spivey@maranausd.org</u>
Registration:	Mail registration form and payment by <u>June 30th</u> to: Lindsey Spivey Re: Volleyball Camp 7606 N. Sultan Pl. Tucson, AZ 85704

THE VIEW Volleyball Camp Registration Form

(Please Print clearly)

LAST NAME:	FIRST NAME:			
PARENT/GUARDIAN NAME:				
MAILING ADDRESS	ZIP:			
EMAIL:	AGE/GRADE:			
NAME OF LAST SCHOOL ATTENDED:	PERMISSION TO PHOTOGRAPH? Y N			
T-SHIRT SIZE (please indicate youth or adult):	HOW DID YOU HEAR ABOUT US?:			

STUDENT'S NAME:

Be it known that I, the undersigned parent/guardian of the child named above, do hereby give and grant, unto any medical doctor or hospital, my consent and authorization to render such aid, treatment, or care to said student as in the judgment of said doctor or hospital, as required, on an emergency basis, and in the event the said student should be injured or stricken ill while participating in this volleyball camp. It is hereby understood that the consent and authorization hereby given and granted, are continuing, and are intended by me to extend throughout the term of this summer camp. I hold The View Camp, Mountain View Volleyball, its officers, employees, trainers, and staff members harmless and hereby release them from liability for any injury to my child while attending the camp. I will assume responsibility for medical, health, or accident insurance during the duration in which the above-named student participates in summer camp.

EMERGENCY CONTACT:	PHONE:		
PHYSICIAN:	PHONE:		
KNOWN ALLERGIES:			
THE DIRECTOR/STAFF MAY APPLY FIRST AID, IF NECESSARY	YES NO		
PLEASE LIST ANY ADDITIONAL INFO STAFF SHOULD KNOW:			
SIGNATURE OF PARENT/GUARDIAN:			

MAKE CHECKS PAYABLE TO: MOUNTAIN VIEW HIGH SCHOOL MEMO: BOYS VOLLEYBALL CLUB Mail registration form and payment to: Lindsey Spivey Re: Volleyball Camp 7606 N. Sultan Pl. Tucson, AZ 85704 **PLEASE MAIL BY JUNE 30th TO ENSURE A SPOT & T-SHIRT!