

Cubs 6-12 Volleyball Camp

June 6, 7 and 8, 2018
Wednesday, Thursday and Friday
at Alcester-Hudson Elementary

Led by Dakota State University
Coaches and Athletes

Payment and Registration
Due May 10

All athletes who will be in 6th Grade through 12th grade in the 2018-2019 school year are welcome to participate. The junior high will be in the small gym and the high school in the big gym at the same time. All athletes attending the camp will also need to turn in the attached DSU Liability Form.

A deposit of \$100 is required for Grades 9 through 12. The amount returned will be pro-rated based on attendance. All of the deposit will be returned if the athlete attends all the sessions for which she signed up, and the team will cover the cost of the camp from its team fund.

Athletes from the 6th, 7th and 8th grades will need to pay \$75 to attend the All Skills session and \$25 for the setter session. **BOGO (Buy One, Get One): Athletes from the 6th, 7th and 8th grades who attend this camp may attend our Little Cubs camp on July 16 and 17 for free! Please complete both forms and your \$75 (or \$100) if your athlete will be attending both camps.**

Make checks out to AHHS Volleyball. Turn the payment, DSU Liability form and registration into the school office, Coach Vicki Ahart or Coach Hannah Swanson.

NOTE: Keep the top half for reference and dates and return the bottom half with payment.

Athlete Name: _____ Grade in 2018-2019: _____
Parent/Guardian Name(s): _____
Home Phone: _____ Parent Cell Phone: _____

I plan on attending (Check all that apply.)

- Setter session from 8 a.m. to 9 a.m. each day
- All skills sessions from 9 a.m. to noon each day

Please list any sessions you will be unable to attend and the reason why you cannot attend:

Waiver and Release

We hereby authorize the directors of the Alcester-Hudson/DSU Volleyball Camp to act for us according to their best judgement in any emergency requiring medical attention. We hereby release and discharge the camp, AHHS and school district, its officers, agents, students and employees from and against any and all liability or causes of actions arising out of or in connection with my participation in camp. We further acknowledge that participation in any sport involves the risk of injury and represent that we have adequate insurance coverage to insure that risk. I also understand that no refunds will be given after May 10.

Athlete Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____