

LEGACY VOLLEYBALL

Summer Volleyball Camps

Who: Boys and Girls
Ages 10-15

Why: *The purpose of these camps is:
To provide instruction in individual fundamentals as well as team play.*

Dates: Session #1 Monday, July 19th – Thursday, July 22rd
Session #2 Monday, July 26th – Thursday, July 29th
Session #3 Monday, August 2rd – Thursday, August 5th
(Players can attend one, two, or all three sessions)

When: 9:00AM – 12:00 PM

Cost: \$160 per session **if you register prior to July 12th**. After July 12th, the cost will be \$180 per session. Please make checks payable to Legacy Volleyball Club.

Where: Velocity Sports Performance Center
25461 Rye Canyon Road

To Register: Download form, circle session(s) preferred, complete, and mail to:
Legacy Volleyball Club
25461 Rye Canyon Road
Valencia, CA 91355
Contact Kim at kim@legacyvbclub.com with any questions.

MEDICAL RELEASE APPROVAL

Name of Athlete _____
Past Health _____ Past Injuries _____
Present Medication _____ Allergies _____
Insurance Company _____ Policy # _____ Policy Holder _____
Insurance Company Address _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the Legacy Volleyball clinics. I hereby agree and promise that I will not hold Legacy Volleyball nor its employees responsible for any loss, damages, or personal injury received as a result of participation. I hereby authorize the directors of the Legacy Volleyball to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume costs related to such treatment. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim.

Parent or Guardian Signature _____ Print Name _____ Date _____
Street Address _____ Zip _____
City _____ State _____ Home () _____ Cell () _____