### Kaukauna Girls Volleyball Booster Club Presents:

### 2024 Kaukauna Youth Volleyball Skills Camp

July 29 - August 1, 2024

Kaukauna High School Auxiliary Gym: Athletes entering grades 1-4: 1:00 - 3:00 Kaukauna High School Fieldhouse: Athletes entering grades 5-7: 1:00 - 3:00 Kaukauna High School Fieldhouse: Athletes entering grade 8: 3:00 - 5:00

- Camp Fee: \$60.00 for four days (8 hours) of instruction, includes T-shirt.
- Come ready to learn and grow your fundamentals of volleyball.
- Instruction given by Kaukauna Girls Volleyball high school coaches and players.

#### **Volleyball Skills Camp**

All student athletes grade  $1^{st}$  -  $8^{th}$  (fall 2024) are invited to the volleyball skills camp. The focus of the camp will be to emphasize the skills needed to be a successful volleyball player. Please share this information as it is open to  $1^{st}$  –  $8^{th}$  grade athletes.

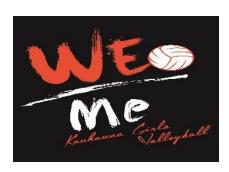
Group and individual instruction

Daily competitions

Skill development through progressions:

- Passing
- Serving
- Hitting
- Setting

To guarantee your child's placement into the camp, complete the attached registration form and email to Coach Jodi Matthies at ghostvolleyball@gmail.com. Payment will be collected the first day of the camp (Monday, July 29th).



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Volleyball Players Name:		Grade:	
Addres		City:	
Name	of Parent/Guardian:	Phone:	
Curren	t school:		
	size (circle one): Youth Medium – Youth	Large - Youth XL – Adult Small – Adu	ılt Medium -
	.arge – Adult XL		
Sessio			
	grades 1-4 (1:00 – 3:00) \$60		
	grades 5-7 (1:00 – 3:00) \$60		
	grade 8 (3:00 – 5:00) \$60		
1)	I certify that the applicant is physically able health insurance coverage.	to participate in volleyball camp and ha	is adequate
2)	I hereby recognize and assume that participand or emotional injury to myself and/or mbeing permitted to participate in such even and discharge Kaukauna Area School District Volleyball Booster Club from any and all lia participation in recreation activities.	y child. In consideration of myself, and/ ts, I hereby voluntarily and knowingly re tt, its officers, its employees and the Kau	or my child elease, waive ukauna
3)	I hereby authorize the Kaukauna High Schowith their best judgement in case of an email medical expenses that may occur thereof	ergency, and I agree to assume full resp	
4)	By signing this assumption of risks, liability contents and disclosure and that I understa	· · · · · · · · · · · · · · · · · · ·	
Parent	Signature:	Date:	
Please	note any medical conditions that we should	be aware of:	

#### THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS - READ IT CAREFULLY

I have applied to participate in the Kaukauna High School Volleyball program described as the 2024 Kaukauna Youth Volleyball Skills Camp ("Program") during the period July 29 – August 1, 2024. I acknowledge that the Program is voluntary and may involve certain risks, including those described below.

I understand that by participating in the Program, my child will engage in: strenuous physical activity with other participants, competition and recreational activities. I acknowledge that these activities present certain inherent risks that are beyond Kaukauna High School's control.

I choose to allow participation in the Program by my child, understanding its associated risks, I knowingly and voluntarily assume all risks of collision, injury, illness, death or damage to or loss of my property that may occur while engaging in sports, recreation and any other activities arising out of or related to the Program.

I understand that I may discontinue participation at any time in light of the risks.

I hereby forever release Kaukauna Area School District, its trustees, officers, employees, and agents (the "Released Parties") and the Kaukauna Volleyball Booster Club from liability for any negligent act or omission arising from my child's participation in the Program, including related costs, damages, claims or assertions to which I or my family, estate, or heirs may claim against the Released Parties.

This Assumption of Risk and Release of Liability shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Release or the Program.

Insurance Agreement \*

I have read, understand, and agr	ee to the above.
Parent Signature:	Date:
	s/images of minor to be published in future Kaukauna ochures, website or advertisements.
Parent Signature:	Date: