

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 1st - 8th (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 1st – 8th 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: _____

Address: _____ City: _____

Name of Parent/Guardian: _____ Phone: _____

Current school: _____

T-shirt size (circle one): Youth Medium – Youth Large - Youth XL – Adult Small – Adult Medium – Adult Large – Adult XL

Session:

_____ **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 to participate in volleyball camp and has adequate health insurance coverage.
- 2) I hereby recognize and assume that participation in recreation programming may involve bodily and or emotional injury to myself and/or my child. In consideration of myself, and/or my child being permitted to participate in such events, I hereby voluntarily and knowingly release, waive, and discharge Kaukauna Area School District, its officers, its employees and the Kaukauna Volleyball Booster Club from any and all liability that may result from mine and/or my child's participation in recreation activities.
- 3) I hereby authorize the Kaukauna High School Volleyball staff to act in my behalf in accordance with their best judgement in case of an emergency, and I agree to assume full responsibility for all medical expenses that may occur thereof.
- 4) By signing this assumption of risks, liability release statement, I acknowledge that I have read its contents and disclosure and that I understand its contents and disclosures and I agree with it.

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 agree to the above.

Parent Signature: _____ Date: _____

Photo Agreement **

I/we grant permission for photos/images of minor to be published in future Kaukauna High School Volleyball Camp brochures, website or advertisements.

Parent Signature: _____ Date: _____