



# GIRLS AND BOYS VOLLEYBALL CAMP

## 6TH - 9TH GRADE

### DATE, TIMES & LOCATION

**June 4 - 7**

**1:00PM - 4:00PM**

### CAMP STAFF

**Head Coach: Jenna Hope**  
**NCS Volleyball Coaches**

### CAMP GOALS

Development the basic fundamentals of volleyball as well as advanced skills through instruction and skills.

Develop a working knowledge about the game of volleyball.

Create enthusiasm to learn and play at a higher level.

### WHAT TO BRING

**\*Water bottle**

**\*T-shirt**

**\*Tennis shoes**

**\*Enthusiasm to learn**

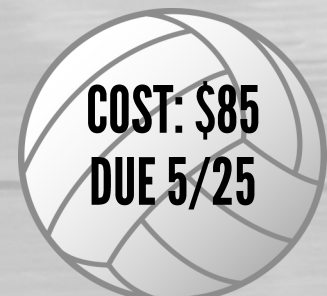
**NORTHWEST CHRISTIAN SCHOOL - 16401 N. 43RD AVE - PHOENIX AZ - 602.978.5134**

Name: \_\_\_\_\_ Grade going into Fall 2018 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_



*Camp fee is due at time of registration. Please make check payable to NCS.*

I \_\_\_\_\_ declare that I am the \_\_\_\_\_ of \_\_\_\_\_.

I hereby authorize the staff of Northwest Christian School in the city of Phoenix, state of Arizona, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and health care necessitated by injury or illness while the above named child is attending Northwest Christian School's Sport Camps. Such treatment is to be rendered to the minor under the general or special surgeon licensed to practice in the State of Arizona. I hereby waive and release the camp from any and all liability for injuries or illness incurred while at camp.

I certify that I fully understand this authorization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_