

# BLUES VOLLEYBALL 2010 Team Camp

The 2010 Blues Volleyball Team Camp is being offered this summer to help incoming 9<sup>th</sup> through 12<sup>th</sup> grade St. Mary's Academy students prepare for the upcoming season. Players will have the opportunity to focus on individual skill improvement, conditioning, technical development, team systems and team building.

The camp will be run by SMA Head Coach Nikki Jones; she will be joined by SMA Assistant Coaches Crystal DeMello, Jasmine Varela, Mike Kwan and Diane Hoffman along with former SMA players.

**PARTICIPATION IN THIS TEAM CAMP WILL NOT SECURE PLAYERS A SPOT ON ANY SMA TEAM FOR THE UPCOMING SEASON.**

WHEN: August 16 through 19, 2010

WHERE: St. Mary's Academy gym

TIME: 4:00 - 8:00 PM

CAMP FEE: \$90

..... CUT HERE and RETURN SECTION BELOW .....

## BLUES VOLLEYBALL TEAM CAMP REGISTRATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_ Email: \_\_\_\_\_

(Write legibly)

City: \_\_\_\_\_ OR: \_\_\_\_\_ Zip: \_\_\_\_\_

MAKE CHECKS PAYABLE TO: **BLUES VOLLEYBALL**

Return completed registration and fee to:

Blues Volleyball Team Camp  
1615 SW 5<sup>th</sup> Ave.  
Portland, OR 97201  
Questions: (503) 721-7741

**RELEASE FORM**

In exchange for the opportunity granted by Blues Volleyball Camp for our daughter to engage in the 2010 Volleyball Team Camp, I hereby waive and release any rights and claims I may have for damages against Blues Volleyball Team Camp, its representatives and or assignees for the conduct of the activity and rendering of services to our daughter in connection with this camp, including travel to and from the camp. Parent(s) and/or guardian authorize the Blues Volleyball Team Camp Director and staff to act in the best interest of the applicant in the event of injury to said applicant.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp does not furnish insurance. In case of emergency, notify:

\_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance is with: \_\_\_\_\_

Insurance number (if any): \_\_\_\_\_