

FALCON VOLLEYBALL CAMP

CAMP INTENDED FOR VOLLEYBALL PLAYERS ENTERING GRADES 9-12



Hanford Falcon volleyball believes in focusing and competing in the present moment, one play at a time. This development begins in the off season to ensure our athletes are both physically and mentally ready to compete at the highest level when they enter our high school program. Our camp will focus on volleyball fundamentals as well as defense, blocking, serve/receive, and siding out development. Athletes signing up for camp will allow our high school volleyball staff to invest in our youth and build our Hanford volleyball family for coming years.

RESPECT ALL, FEAR NONE.

**"THE FALCON WAY"
EXCEEDING ALL EXPECTATIONS**

CAMP DETAILS

Location: Hanford HS
Dates: JUNE 27-30, 2017
Time: 6-8 PM
Camp Fee: \$50 (includes camp t-shirt)
Payment: Checks to Richland School District
Player Gear: Spandex or shorts, T-SHIRT, kneepads, and court shoes

REGISTRATION INFORMATION

Registration and payment can be delivered or sent by mail to Hanford High School:

Falcon Volleyball Camp
Hanford High School
450 Hanford Street
Richland, WA 99354

Payment must be in the form of a personal check, money order, or cashier's check made out to Richland School District – cash will not be accepted.

CAMP HIGHLIGHTS

- *Campers coached by HHS Staff
- *Camp T-Shirt
- *System that will be used by ALL teams
- *Strong emphasis on family and attitude
- *Competitions apply newly developed skills
- *New skills and focus each day

CAMP REGISTRATION FORM

Participant Name: _____ **Grade:** _____
Parent(s) Name: _____
Address: _____ **City:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email: _____
Physician: _____
Physician Phone: _____
Emergency Contact: _____
Emergency Phone: _____
Camp T-Shirt Size: YM YL YXL S M L

INSURANCE INFORMATION

Participants are required to have health insurance coverage for injury and/or accident to enroll in the Junior Hanford Falcon Volleyball Camp.

I verify that _____ has medical insurance with: _____
(Participant)
(Insurance Company)

which effectively covers any medical cost incurred as a result of participation in the 2015 Junior Hanford Falcon Volleyball Camp. Furthermore, I authorize the Hanford High School staff to seek any necessary emergency medical treatment my child may need during the course of the Camp.

As the parent/legal guardian of _____
(Participant)

I acknowledge the potential risk of injury related to physical activity associated with participants in our Junior Hanford Falcon Volleyball Camp and assume all risks and hazards are incidental to the conduct of the camp activities.

For more information please refer to Richland School District Summer Camp Website - <http://www.rsd.edu/camps/index1.html>

If there are any questions or concerns regarding the Hanford Falcon Volleyball Camp please contact Coach Nichelle, nichelle.meador@gmail.com