

Volleyball Camp

Come and join us... Sports Camp USA... Director, David Richards, former BYU men's volleyball player, former member of the USA men's national team; former USA Paralympic head coach and director for many youth position camps for USA volleyball.

July 19th - 21st

8:30 a.m. – 11:30 a.m. (morning session)

1:00 p.m. – 4:00 p.m. (afternoon session)

"Plyo City" 4:15 – 5:00 p.m.

For \$10 more, there is an additional session called "Plyo City". This is the same workout that Misty May/Kerri Walsh (2 time Olympic gold medal champions) have been doing for the past 6 years. It has proven to increase your vertical jump 4" – 6".

At the Jackson Hole High School

7th Graders through 12th Graders

Cost: \$150 per Participant or \$160 with Plyo City

(Checks written out to Bronc Backers)

Participant's Name: _____

Age: _____ Grade Going Into: _____ Height: _____

Parent's Name(s): _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

In Case of Emergency, Please Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Volleyball Camp Release

- 1) I recognize that the Sport Camps USA Volleyball Camp will involve various activities that may include, but are not limited to, instruction, conditioning, practices, games, and traveling to and from the Volleyball Camp.
- 2) I recognize that there are certain risks of harm to me and others associated with my participation in the Volleyball Camp, that there are dangers that cannot be fully foreseen, that there are risks and dangers that the Sports Camp USA Staff cannot control, and that such risks and dangers could result in bodily injury or death to me/my child and/or to others.
- 3) I agree that if any injury or emergency should occur during the Volleyball Camp with respect to myself/my child, the Volleyball Camp Staff is authorized to take whatever steps are reasonably necessary in their judgment to attend to my/my child's medical needs. I agree to be responsible for any hospital expenses, doctor bills, or other expenses that may be incurred to attend my/my child's medical needs.
- 4) I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity, and property damages which may be incurred by me/my child while engaged in the Volleyball Camp.
- 5) I agree to indemnify and hold harmless the Sport Camps USA Volleyball Camp Staff, and Teton County School District #1 from any loss liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in the Sport Camps USA Volleyball Camp, whether caused by my/my child/s negligence, the negligence of others and/or by the negligence of the Sport Camps USA Volleyball Camp Staff.

Signature of Guardian/Parent for Camp Participant: _____ Date: _____

Signature of Camp Participant: _____ Date: _____