**2021 Prairie High School Volleyball Camp**

This camp is designed for incoming 9th-12th grade girls who are interested in trying out and participating in the PHS Volleyball Program. All levels welcome!!! The camp will be led by JV Coach Brandon Hannula with assistance from Collegiate Level Athletes and Coaches. This is an all-skills camp with emphasis on passing, setting, serving and attacking. There will be drills and game play to build both offensive and defensive team based strategies.

**When**: *July 12th, 13th, & 14th* from *1:30-6:00 pm* **Fee:** $ 120.00(no camp shirt this year) \*payment info below\*

**Where:** Prairie High School **Bring**: *Water bottle, knee pads and healthy snack*, masks on

**Questions?:** Prairie Head Coach-Jen Palmer: **jen.palmer449@gmail.com**

In order to participate, a COMPLETED 2021 SPORTS PACKET (including current physical) must be on file @ the Prairie HS ASB office!

**Please bring in person same day of camp. Check made out to:PHS VB BOOSTER (memo line = player’s name) to: PHS VB Boosters**

**Registration Deadline (paperwork only)is Monday, June 21, 2020. First come, first serve- if we have to limit participant numbers due to covid-19 ( at this time, no limitations have been communicated to us.) Please mail to: 1604 NW 4th Ave, Battle Ground, WA 98604**

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ adult T-shirt size (circle one): S M L XL

Player Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Player Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ParentAddress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #(home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL EMERGENCY AUTHORIZATION FORM**

Name of Student Athlete:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person (other than listed above):

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

Relationship to Student Athlete:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my daughter permission to participate in the summer program for volleyball. As Parent or Legal Guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student and in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of an injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent Signature) \_\_\_\_\_\_\_\_\_\_\_ (Date)

The Battle Ground Public Schools provides equal opportunity in programs and employment and does not discriminate on the basis of race, color, national origin/language, creed/religion, sex, sexual orientation including gender expression or identity, disability, or the use of a service animal by a person with a disability, age, marital status, honorably discharged veteran or military status, HIV/Hepatitis C status. The district provides equal access to the Boy Scouts and other designated youth groups. Contact the following regarding questions and complaints of alleged discrimination: Tom Adams, Director of Student Services, [adams.tom@battlegroundps.org](mailto:adams.tom@battlegroundps.org), Title IX Compliance Officer, 360.885.5415; Shelly Whitten, Assistant Superintendent of Human Resources, [whitten.shelly@battlegroundps.org](mailto:whitten.shelly@battlegroundps.org), Civil Rights Compliance Coordinator/Section 504/ADA Coordinator, 360.885.5360; or a letter may be submitted to the designated coordinator at the Battle Ground Public Schools, PO Box 200, Battle Ground, WA 98604