

2019 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 Portland State University Asst. Coach Eric Leibbra. 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 15th, 16th, & 17th from 1:00-6:00 pm **Fee:** \$ 135.00(incl. camp t-shirt) *payment info below*

Where: Prairie High School

Bring: Water bottle, knee pads and healthy snack

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

In order to participate, a COMPLETED 2019 SPORTS PACKET (including current physical) must be on file @ the Prairie HS ASB office!

MAIL completed form and make FULL payment payable to PHS VB BOOSTER (memo line = player's name) to: PHS VB Boosters c/o Palmer 1604 NW 4th Ave., Battle Ground, WA 98604

Registration Deadline is FRIDAY, June 19, 2019 (postmarked by this date!).

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

Player Email: _____ Player Cell Phone: _____

Parent name(s): _____ Parent Address: _____

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 School District complies with all Federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, gender or disability. This holds true for all students who are interested in participating in educational programs and/or extracurricular activities. Harassment of any employee/student with regard to race, color, national origin, gender, sexual orientation, including gender identity, or disability is strictly prohibited. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX Sexual Harassment Officer, Marcia Christian, 360-885-5306; Title IX Athletic Officer, Laurie Sundby, 360-885-5304; Section 504/ADA Coordinator, Jane Mercier, 360-885-5413; or submitted in writing to the designated coordinator at PO Box 200, Battle Ground, WA 98604.