



WRC Cavaliers Volleyball Summer Camp

Date: Tuesday, June 25th – Friday, June 28th, 2019

Time: 9am-12pm (Campers report at 8:45am)

Where: Parrs Ridge Elementary School Main Gym

Ages: 9-17

Cost: \$120 per camper (payable by check only to **Winfield Rec Council**)

Questions: stacy.trivett@gmail.com

Emergency Contact: 443-871-4860

Registration Instructions:

1. Before **6/14/19**, complete the form on the next page.
2. Write a check for **\$120** made payable to **Winfield Rec Council**.
3. Mail form and payment to:

Stacy Trivett
WRC MS Volleyball Camp
4224 Iroquois Drive
Westminster, MD 21157

You will receive an email confirmation. Register by 6/14/19 and receive a FREE T-shirt! A Pizza Party is included in the cost of the camp.

Who can participate?: Any girl age 9-17 can participate in our volleyball camp. No experience necessary! Learn a new sport, perfect your existing skills, or prepare for High School Tryouts!

What should I wear/bring?: Please wear athletic shoes and athletic clothing that you can move, bend and run in. Knee pads are recommended but not required. Please also bring a large water bottle and healthy snack each day.

What will I learn? We will focus on the fundamentals of volleyball through a series of drills and game like situations. Each day will focus on a different skill set. You will learn individual skills such as forearm passing, overhead passing/setting, spiking, blocking, and serving as well as game skills including serve receive, offense, and defense.

Who are my coaches? This camp is being sponsored by the **Winfield Recreation Council Cavaliers Volleyball**.

Coach Stacy Trivett, Program Director has 10 years volleyball coaching experience. She offers a variety of clinics and personalized coaching through Speedy Volleyball. Coach Stacy has coached for South Carroll High School, Liberty High School, Carroll Vipers Volleyball Club (CVVC), and Freedom Volleyball.

Coach Terry Viergutz, Camp Coordinator has over 15 years volleyball coaching experience. She specializes in youth instruction. Coach Terry has coached all age levels for South Carroll High School and Carroll Viper Volleyball Club (CVVC).

Current and Former High School Volleyball Players will volunteer to demonstrate skills and mentor our participants providing them with personalized attention and one-on-one instruction.

The Americans with Disability Act applies to the Carroll County Government and its programs, services, activities and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact the Department of Citizen Services at 410-386-3600, 1-888-302-8978, MD Relay 7-1-1/1.800.735.2258 as soon as possible but no later than 72 hours before the scheduled event.



Registration Form

2019 WRC Cavaliers Volleyball Summer Camp

You must fill out both sides of this form

General Information: Please Print

Participant Name: _____ Age: _____

Parent/Guardian Name(s): _____

Home Address: _____ City: _____ Zip: _____

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

Email: _____ Grade/School (2019-20) _____

T-Shirt Size: YS YM YL AS AM AL

Individuals to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person (other than parent) authorized to drop off/ pick up participant:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

WALKERS AND/OR BICYCLE RIDERS PLEASE COMPLETE

Maryland State Law Does Not permit children under the age of 8 to be unattended. Therefore, permission may only be given by the parent for any child 8 years old or older to walk home from camp or the bus stop.

My child _____ has permission to walk/ride bike to/from camp. I understand that Camp Staff is not responsible for my child prior to signing in or after signing out of Camp.

Parent Signature _____ Date: _____

Health issues/Medications:

Does your child have any conditions we should be aware of including medical, psychological or behavioral conditions, dietary restrictions, asthma, allergies, or special needs?

NO Yes (if yes, please specify) _____

What Symptoms would your child exhibit? _____

Requested actions to be taken by Staff: _____

Is the participant taking any medications? YES NO

Will the participant need to take medications during program hours? YES NO

(if yes, attach Self-Medication Authorization Form; form available by calling Recreation and Parks, 410-386-2103 or email ccrec@ccg.carr.org)



Does your Child attend a Maryland Public or Private School? **YES**, School Name _____

If NO, please attach a copy of their immunization record.

(form available by calling Recreation and Parks, 410-386-2103 or email ccrec@ccg.carr.org)

Is your child exempt from any immunization for medical or religious reason? Yes No

If Yes, provide a signed copy of the Maryland Department of Health & Mental Hygiene Immunization Certificate form a licensed physician stating that the immunization is medically contraindicated or the parent/guardian indicating that they object to immunization for religious reasons.

Child's immunizations are up to date. YES NO

I understand:

1. By registering for the program, I verify that my child's immunizations are up to date.
2. That there are inherent dangers in any recreational activity, program, or camp.
3. That I must be aware of the hazards associated with each activity, such as the use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries.
4. I must read and understand all written material, which has been provided.
5. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
6. That the possible consequences of participating in these activities include the possibility of serious injury.

WAIVER OF LIABILITY

I recognize and acknowledge that there are certain risks of physical injury as my child _____ (Name of participant) participates in this program _____ (Name of Program or activity), and I agree to assume the full risk of any injuries, including loss of life, personal injuries, property damages, and expenses, which my child may sustain as a result of participating in any and all activities connected with or associated with the program. I further agree to waive and relinquish all claims to fully release discharge, indemnify, hold harmless and defend The Carroll County Government, Carroll County Commissioners, Carroll County Recreation and Parks, Winfield Recreation Council, SCHS Volleyball Camp, and its employees, volunteers, agents and servants (**herein, collectively referred to as Recreation & Parks**); from any and all claims resulting from injuries, including loss of life, personal injuries, property damages, and expenses, sustained by me or my child(ren) and arising out of, connected with, or in any way associated with the activities of the program. The participant assumes all risks associated with participation in the program; Recreation and Parks assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the participant, or if the participant is a child, the child(ren)'s parent or guardian is encouraged to consult his or her physician concerning the participant's fitness to participate in the program.

Authorization for Use of Photographic Likeness: I agree to allow Carroll County Department of Recreation and Parks to take and utilize photographic images of the registered individual/s for the purpose of promotion and publicizing of Department Programs and/or events. If I prefer to not allow the above registered participant/s to be photographed, I will call 410-386-2103 to register my request.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services, 410.386.3600 or 1.888.302.8978 or MD Relay 7-1-1/1.800.735.2258 as soon as possible but no later than 72 hours before the scheduled event.