

2009

6th Annual

# Eagle Volleyball Camp

June 22<sup>nd</sup> - 25<sup>th</sup>  
Girls in Grades 3 - 8  
(2009-2010 school year)



Community Christian School  
1300 19th Avenue SW  
Willmar, MN 56201  
Phone: 320-235-0592



1300 19th Ave SW  
Willmar MN 56201

Phone: 320-235-0592  
Fax: 320-235-0620  
[www.willmarccs.org](http://www.willmarccs.org)

## LIABILITY RELEASE AND MEDICAL AUTHORIZATION For Eagle Volleyball Camp

As parent or guardian of the child named below, I give my permission for my child to attend the *Eagle Volleyball Camp*. I give permission for the adult staff to provide transportation for my child in an emergency. In the event of an emergency I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in activities at *Eagle Volleyball Camp*, I voluntarily release the school or camp staff from any and all liability for the injuries.

I understand and agree that this release applies to not only me but also my estate, heirs and assigns. In the event some other person seeks compensation for these released liabilities, my estate or I will hold harmless the school or camp staff.

I understand that the camp is under the direction of competent adult coaches and that the staff may include both adults and high school athletes. I am aware that participants may be injured while participating in the supervised drills and events.

I understand that photographs or video footage may or may not be taken of my child while at *Eagle Volleyball Camp*. I give my permission to use photographs or videos for promotional purposes including brochures or a promotional video.

I have read this release; I understand it; and I fully agree to all of its terms.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name of Parent or Guardian (print): \_\_\_\_\_  
Child's Name (Print) \_\_\_\_\_

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6th Annual  
Eagle Volleyball Camp**

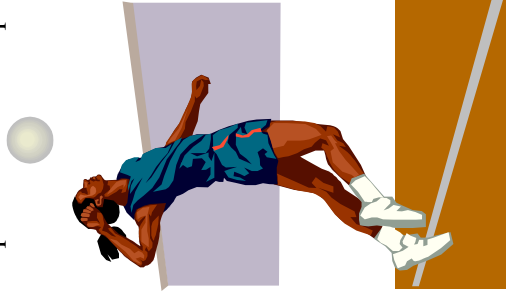
June 22<sup>nd</sup> – 25<sup>th</sup>

Grades 3 - 8 (for 2009-2010 school year)  
8:30 – 10:00 Grades 3-4  
10:15 – 12:15 Grades 5-8

Community Christian School Gym

**Registration fee of \$25 due by June 15th.**

Cost includes four days of volleyball instruction, character development and a camp T-shirt.



The CCS Eagle Volleyball Camp is a Christian sports camp exclusively for CCS and home-school students. Our Goal is to provide quality instruction on the “fun”amentals of volleyball through drills and practice of proper techniques. This camp will improve your volleyball skills and give you a better understanding of the game. Each session will include a devotional as well as sound instruction and practice in the fundamentals of volleyball. There will be games and competitions all designed to improve your play.

**Camp Director/Coach  
BoLynda Masseth**

BoLynda has coached the Eagles volleyball team for the past three years and is excited to have one more opportunity to work with our girls. She loves working with young athletes, helping them to grow in their faith and character as well as improve their volleyball skills. She desires to see the Eagle’s volleyball teams glorify God as they work together to be the best that they can be.

A team of high school players will be assembled to assist Coach with the elementary and Jr. High camp, keeping the player to coach ratio low.

**Make checks payable to Community Christian School.**

Please complete a separate registration form for each child participating. The completed registration form must accompany your payment.

**If you have any questions please contact the school at 235-0592.**

**Volleyball Camp  
Registration Form**

**Registration Due by June 15th - \$25**

Mail or deliver registration form along with your payment to:

**Community Christian School  
Attn: athletic director  
1300 19<sup>th</sup> Ave. S.W.  
Willmar, MN 56201**

Parents Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Grade in '09 – '10  
 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>  
 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Please inform us of any medical concerns or physical limitations that we should know about your child. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**T-Shirt Information:** Each participant will receive a camp T-shirt. Please indicate the size needed below.

Youth M\_\_ L\_\_  
 Adult S\_\_ M\_\_ L\_\_ XL\_\_