

# Warrior Volleyball Camp 2018

July 16-18 at North Douglas High School

## **SENIOR CAMP -- \$100**

For **experienced** middle and high school volleyball players entering grades 7-12

9:00 – 12:00: Morning Session  
12:00 – 1:00: Lunch (on own)  
1:00 – 4:00: Afternoon Session

## **JUNIOR CAMP -- \$40**

For all volleyball players entering grades 3-6

**OR**

grades 7-8 with

**limited** volleyball experience.

Features individual fundamental and team skill development for all ages.

4:30 – 6:30 p.m.

The popular camp featuring former Gonzaga player and Rogers High School head coach Elaina Rankin returns to North Douglas High School July 16-18. As always, Warrior Volleyball Camp features two sessions:

- **Senior Camp:** For players entering grades 7-12
- **Junior Camp:** For players entering grades 3-6 and middle schoolers with limited experience.

With individual skill instruction, specialized positional training and team strategies, Warrior Volleyball Camp aims to help each player improve their individual skills and develop team concepts to aid them in reaching their potential. Volleyball-specific strength and conditioning drills will also be introduced.

Make checks payable to **North Douglas High School**

Mail registration and payment to **Anne Campbell - 292 Umpqua Hwy 99 - Drain, OR 97435**

**To guarantee shirt size, please send registration or call Anne (541-733-6102) by June 30th.**

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

Address: \_\_\_\_\_

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

Fall 2018 Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_ Adult Shirt Size: \_\_\_\_\_

**MEDICAL RELEASE:** In order to participate in the camp, players must have the following information filled out, be covered by medical insurance, and have a parent/guardian signature on the following medical release. If there are special medical needs, please send a signed note and explanation with player to camp.

Medical Insurance Co: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Policy/Group ID Numbers: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby authorize my child's participation in the Warrior Volleyball Camp. The camp staff is authorized to attend to any health issue or injury my child may occur while attending camp. I understand that my child must have current and active medical insurance in order to participate in the camp. Neither my child nor I will hold the North Douglas School District, athletic programs, Elaina Rankin, Anne Campbell or any other camp staff liable for any injuries/illnesses/expenses suffered by my child while she is attending camp.

\_\_\_\_\_  
Name of Parent / Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date