

2018 HCC VOLLEYBALL CAMP

New this year, the HCC staff will be conducting skill specific clinics to target each individual athlete's skill level. This clinic structure allows for players of all skill levels to gain exactly the instruction they need. With a focus on individual drills, the repetition per athlete increases and you get more bang for your buck. Come one day to work on a specific skill, or come all week to get some help on every position! Cost is \$30/camper per day or \$110/camper if they sign up for all 4 days.

- Each athlete will be expected to wear proper volleyball attire for each day.
- PRINT this form and return it completed to the HCC Athletics Dept.
- A confirmation email will be sent upon receipt of this application.
- Final details will be sent via email one week prior to the start of the camp.

Monday July 30 - Thursday August 2, 2018
5:00 p.m. - 8:00 p.m. (5th-12th grade)



Check the session(s) that apply to your participation (One Form Per Camper Please)	
Monday: Serve & Serve Recieve	
Tuesday: Hitting & Blocking	
Wednesday: Setting & Offensive Systems	
Thursday: Defensive Systems	
All Days	
List age of participant: (ages 10-18)	T-Shirt Size (XS, S, M, L, XL, 2X)

(Proceeds benefit HCC Volleyball Scholarships)

Participant's Full Name	
Home Address	
Birth Date	
Physician's Name Telephone #	
Medications	
Immunizations Up to Date?	YES NO (Please Explain)
Allergies	
List any Medical Conditions:	

PARENT/GUARDIAN PERMISSION WAIVER	
Parent/Guardian 1 Full Name:	
Parent/Guardian 1 Email:	
Phone #:	
Parent/Guardian 2 Full Name:	
Parent/Guardian 2 Email:	
Phone #:	

Waiver of liabilities for injuries: On behalf of the participant named above, his/her parents, guardians and heirs, I do hereby agree to assume the full risk of any injuries, including death, damages or loss which may be sustained by the participant named above as a result of participating in any and all activities connected with or associated with the HCC Volleyball Clinic, and to release, hold harmless, indemnify and covenant not to sue Hagerstown Community College, the volleyball coaching staff, their agents, employees and volunteers for injuries, including death, damages or loss which may be sustained by the participant named above as a result of participating in any and all activities connected with or associated with the HCC Volleyball Clinic. In the event of any injury to the participant named above, I will notify Hagerstown Community College Athletics Department immediately. I warrant that I am authorized to make the release and waiver indicated herein. Medical Emergency Transportation: In the event of an emergency, I give permission for my child to be transported by ambulance.

Parent/Guardian Signature:	Date:
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Make checks payable to:
Hagerstown Community College

Total Check:

Mail to:
Hagerstown Community College
ATTN: Athletics Programs
11400 Robinwood Drive
Hagerstown, MD 21742



For more information call:
240-500-2451