

2017 HCC VOLLEYBALL CAMP

This camp is a must for players of all skill levels: from brushing up on fundamentals to learning the game for the first time. Training groups are established to ensure participants receive instruction within their skill level. HCC volleyball coaching staff and players serve as instructors/staff. The camp cost is \$100/camper and is located in the ARCC at HCC.

Session 1 Mon., July 31 - Thurs., August 3
5th - 8th grade: 8:00 am - 11:00 am

Session 2 Mon., July 31 - Thurs., August 3
9th - 12th grade: 1:00 pm - 4:00 pm

Each athlete will be expected to wear proper volleyball attire for each day of the clinic.

PRINT this form and return it completed to the HCC Athletics Department.

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.

Check the session(s) that apply to your participant. (One Form Per Camper Please)	
Session 1	Session 2
✓	✓
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 : (asthma, heart defects/disease, epilepsy, seizures, diabetes, blood disorders, others)	

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

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

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



Total Check \$

For more information,
call:
240.500.2451