

2018 Cy-Creek Volleyball Camp Registration

July 24-26 2018

The Cy Creek Volleyball Camp will give each athlete an opportunity to improve and excel in the sport of volleyball. The camp focuses on techniques, game strategies, teamwork, and work ethic. Players will be grouped by similar age groups and ability levels (some athletes will be asked to switch groups depending on level of play to make sure they are getting the correct instruction that is needed). The 9th grade camp is always beneficial for those interested in trying out for the 2018 volleyball team season. The main objective of the camp is to provide each camper with a meaningful experience on and off the court. The camp is fun, informative, and challenging! We look forward to seeing our loyal returnees and lots of new faces!

Where to go:

All campers will meet at Cy Creek High School.
Side entrance by tennis courts (Main Gym)

Incoming grades 5th – 7th –Auxiliary Gym

Instruction Time 8:00 – 11:00am

Gym doors will be open at 7:30am, doors close at 11:30 am

Wear athletic clothes and bring water, knee pads, and a great attitude!

Incoming Grades 8th- 9th –Main Performance Gym

Instruction Time 8:00 – 11:00am

Gym doors will be open at 7:30am, doors close at 11:30 am

Wear athletic clothes and bring water, knee pads, and a great attitude!

CAMP STAFF

CCHS Volleyball Staff:

For More Information, feel free to e-mail Coach Smith. To register, fill in the application, Consent For Athletic Participation, and mail to the address below. Have a wonderful summer and see you in July!

Send to:

Reagan Smith

23711 Scotsman Dr.

Katy, TX 77493

Reagan.smith@cfisd.net

**Please make sure to pay with check, money order, or cashiers check. Please make out to CCHS.
TOTAL FOR CAMP AND T-SHIRT IS= \$60.00**



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Camper's Name _____
Address _____
City _____ Zip Code _____
T-Shirt Size: (Adult) **XS** **S** **M** **L** **XL**
School you will be attending _____
Grade (Fall 2018) 5th 6th 7th 8th 9th
Telephone (Home): () _____ Preferred Emergency Contact: () _____
Work (Father): () _____ Cell Phone (Father): () _____
Work (Mother): () _____ Cell Phone (Mother): () _____
Parent's/Guardian's Name (please print) _____
E-mail: _____

Camp Session:

Incoming 5th - 7th Grade 8:00am – 11:00am Cost: **\$60.00 (includes camp shirt)**

Incoming 8th -9th Grade 8:00am – 11:00am Cost: **\$60.00 (includes camp shirt)**

REMEMBER:

- ✓ **Registration to guarantee shirt size must be postmarked by June 26th.**
- ✓ **7th, 8th, and 9th graders must bring a copy of their physical to participate.**
- ✓ **5th and 6th graders do NOT need a physical!**
- ✓ ***9th graders must bring a copy of your physical even if you got it at Cy-Creek and turned it in. If you turn it into your middle school coach we will not have it when you arrive. No matter what, bring a copy with you on the first day of camp if you are an incoming freshmen.***
- ✓ **Walk up Registration On July 23rd at 7:00am – Bring your physical and \$55.00 with this camp form and consent form.**

I hereby grant my permission for my child to attend the Cy Creek Volleyball Camp. I certify that she is physically fit for all camp activities, and in case of injury, illness, or accident she may be treated by a licensed physician. I release CFISD, all staff, and employees associated herewith from any liability and financial responsibility for personal injury arising during applicant's participation in the volleyball camp.

Parent's Signature Date

Send to:
Reagan Smith
23711 Scotsman Dr.
Katy, TX 77493
Reagan.smith@cfisd.net

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APPENDIX 16

ATHLETIC PARTICIPATION CONSENT FORM

CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT PARENT OR GUARDIAN

STUDENT'S NAME: _____ CAMPUS: _____

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurances coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

DATE: _____

NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

STREET ADDRESS: _____

CITY, STATE AND ZIP: _____

PHONE NUMBER: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP TO ATHLETE: _____

EMERGENCY PHONE NUMBER: _____