

2022 Prairie High School Volleyball Camp

This camp is designed for incoming 9th-12th grade girls who are interested in trying out and participating in the PHS Volleyball Program. All levels welcome!!! The camp will be led by JV Coach Brandon Hannula with assistance from PHS coaching staff & Collegiate Level Athletes/Coaches. This is an all-skills camp with emphasis on passing, setting, serving and attacking. There will be drills and game play to build both offensive and defensive team based strategies.

When: July 11th, 12th, & 13th from 1:30-6:00 pm **Fee:** \$ 135.00 *payment info below*

Where: Prairie High School **Bring:** Water bottle, knee pads and healthy snack, masks on

Questions?: Prairie Head Coach-Jen Palmer: jen.palmer449@gmail.com

In order to participate, please register on familyID <https://hello.familyid.com/>

Registration Deadline for form and payment is Monday, June 21, 2022. Please make payment via this link(link is activated from 5/21/22-6/21/22: <https://wa-battleground.intouchrecepting.com/>) (You will need students ID for login (found on ID card) that is the username. Password is last name with the first letter capitalized. Then you should find items to purchase at my students school or PHS & find Volleyball camp. You can also pay in person at the ASB office starting 5/21/22.. Please call 360-885-5013 for questions.

Please mail registration at any time (form ONLY, no payment) to: Jen Palmer; 1604 NW 4th Ave, Battle Ground, WA 98604

Player Name: _____ adult T-shirt size (circle one): S M L XL
Player Email: _____ Player Cell Phone: _____
Parent name(s): _____ Parent Address: _____
Phone #(home): _____ Parent Cell #: _____
Parent Email Address: _____

MEDICAL EMERGENCY AUTHORIZATION FORM

Name of Student Athlete: _____
Parent(s) Name: _____
Parent Home Phone: _____ Work: _____ Cell: _____
Emergency Contact Person (other than listed above):
Name: _____ Phone: _____
Relationship to Student Athlete: _____
Family Physician's Name: _____ Phone: _____
Insurance Company: _____ ID#: _____

I give my daughter permission to participate in the summer program for volleyball. As Parent or Legal Guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student and in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of an injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

_____ (Parent Signature) _____ (Date)

The Battle Ground Public Schools provides equal opportunity in programs and employment and does not discriminate on the basis of race, color, national origin/language, creed/religion, sex, sexual orientation including gender expression or identity, disability, or the use of a service animal by a person with a disability, age, marital status, honorably discharged veteran or military status, HIV/Hepatitis C status. The district provides equal access to the Boy Scouts and other designated youth groups. Contact the following regarding questions and complaints of alleged discrimination: Tom Adams, Director of Student Services, adams.tom@battlegroundps.org, Title IX Compliance Officer, 360.885.5415; Michelle Reinhardt, Executive Director of Human Resources, reinhardt.michelle@battlegroundps.org, Civil Rights Compliance Coordinator/Section 504/ADA Coordinator, 360.885.5481; or a letter may be submitted to the designated coordinator at the Battle Ground Public Schools, PO Box 200, Battle Ground, WA 98604

