2023 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 Coach Shy Davis, Director of Aspire Volleyball Club, 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 10th, 11th, & 12th* from *1:30-6:00 pm* **Fee:** $ 145.00 *payment info below*

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

Questions?: Prairie Head Coach-Jen Palmer & Assistant Coach-Rebekah Conklin: **prairiehsvb@gmail.com**

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

Please send registration form and check/cash to: 1604 NW 4th Ave Battle Ground WA, 98604

Registration Deadline for form and payment is Friday, June 16, 2023. Please make check payable to: PHS Volleyball Boosters. (If registered after this date, there will be no guarantees your athlete will receive their camp shirt.)

Player Name: _____ **adult T-shirt size (circle one):** S M L XL

Player Email:_____Player Cell Phone:_____

Parent name(s):_____ParentAddress:_____

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