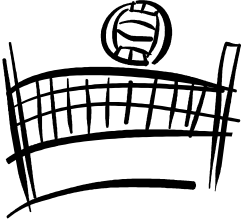


2016 Westfield Volleyball Camp



Location: Westfield Community School
2100 Sleepy Hollow Road

Date: August 1st – August 4th

Time: Grades 6, 7, 8, 8:00 am – 11:00 am
(grade based on 2016 -2017 school year)

Camp Goals

We will provide players with instruction and training in the skills and techniques of passing, setting, attacking, serving and defense. Our staff will emphasize court movement, ball control and technique. Drills, games and competition will be used to put these techniques into practice. Both **boys** and **girls** are invited to experience our fast-paced camp.

2016 Westfield Volleyball Camp - CODE: 367640 - 01

Child's Name _____

Birth Date _____ **Grade Entering** _____

Current School Enrolled _____

Parent/Guardian Name(s) _____

Address _____ **Town** _____

Phone _____ **E-mail** _____

Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___ **Cost = \$85**

How will you be paying? Cash Check Credit Card (Fill out below if you choose this)

VISA MasterCard Discover American Express

Card Number _____ **Exp.** _____

Name on Card _____

Signature _____ **Amount Paid** _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Dundee Township Park District, including its partners, officials, agents, volunteers and employees (hereinafter collectively referred as Dundee Township Park District).

I do hereby fully release and forever discharge the Dundee Township Park District or its partners from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

CODE: 367640 - 01

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

Participant's Name: _____ **Date:** _____

Participant's Signature: _____

(18 years or older or Parent / Guardian)

Camp Director:

Geri Rydz, has been a volleyball coach for the past 22 years. After moving to Algonquin, she began teaching at WCS and coaching the 8th grade team. Before that, she was the Head Varsity Coach at Loyola Academy for 3 years and then the Head Varsity Coach at Evanston High School. After competing in 2 Illinois High School State Championships games while at Mother McAuley High School, she earned a scholarship to play at Loyola University. She was recently inducted into the GCAC High School Hall of Fame for the second time..

Questions?

Email at: geri.rydz@d300.org