

**2017  
VOLLEYBALL CAMP**

**WAIVER OF LIABILITY**

I hereby desire that my child, who is entering grade 8 or under, participate in the Volleyball Camp sponsored by the Boys & Girls Club of East Aurora. By condition of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set by the directors of this program should be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his participation in this program, hereby intending to release East Aurora Schools, The Boys & Girls Club of East Aurora, Gary Schutrump, Brian Zittell and all personnel associated with this volleyball camp from liability that may result from his/her participation. As a condition of participation in the Boys & Girls Club Volleyball Camp, each participant must have a physical check-up by a certified physician within the last calendar year.

Signature of Parent/Guardian

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Date of Last Physical

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Please list any physical/medical conditions that we should be aware of

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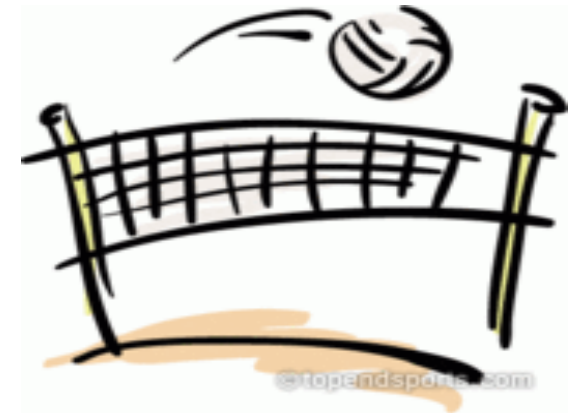
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**BOYS & GIRLS CLUB OF E. A.**  
24 Paine Street  
P.O. Box 36  
East Aurora, NY 14052



**2017  
VOLLEYBALL CAMP**



**BOYS & GIRLS**  
*Entering grades 5—8*

**July 24—28**

**10:00 A.M. - 12:00 P.M.**



**BOYS & GIRLS CLUBS**  
OF EAST AURORA

24 Paine Street, P. O. Box 36  
East Aurora, NY 14052  
652-4180  
[www.bgcea.org](http://www.bgcea.org)



# 2017 VOLLEYBALL CAMP

## WHO SHOULD ATTEND?

Boys & Girls entering grades 5-8 who wish to learn fundamental skills and enhance playing ability of the game of Volleyball.

### WHEN IS IT?

10:00 A.M. - 12:00 P.M.

### WHERE IS IT?

Camp will be held at the  
Boys & Girls Club of E. A.  
24 Paine St.  
East Aurora, NY 14052

## WHAT IS THE COST?

**\$50.00 per camper**

Registration deadline July 7, 2017

*We need a MINIMUM of 6 campers by the registration deadline to hold basketball camp!*

### PAYMENT/REFUND POLICY

- Payment must accompany application
- Your spot is not secured until payment and application are received.
- Refunds will be issued on cancellations received at least two weeks prior to camp.  
NO REFUNDS after two weeks prior to camp

## WHAT TO EXPECT

**Fundamentals:** Individual and Team;  
Grouped by age and ability;  
Small team sizes; One game per day

**Friday:** Championship Game; Awards  
Parents are welcome to join us for  
Championship Game and Awards.

## TYPICAL CAMP DAY

- ◆ Group warm-up drills
- ◆ Station work - Fundamentals
- ◆ Individual Competitions
- ◆ 3 on 3 games
- ◆ Guest Speakers
- ◆ Campers bring water bottle

## AWARDS

- ◆ Best Camper Award
- ◆ 3 on 3 Champion
- ◆ Big Digger
- ◆ Ace
- ◆ Power House
- ◆ Cover the Floor Champions
- ◆ Like Butter
- ◆ Fastest Feet
- ◆ Coaches Award

## CAMP DIRECTOR

BRIAN ZITTEL

**EAHS Boys Varsity Volleyball Coach**

### STAFF

**EAHS Boys & Girls Varsity Volleyball  
Players, Coaches and Volunteers.**

## **REGISTRATION FORM FOR 2017 VOLLEYBALL CAMP**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Entering Grade \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**\$50.00 per camper**

Payment must accompany application

*Check Enclosed Payable to the Boys & Girls Club of EA  
Registration deadline July 7, 2017*

### PAYMENT/REFUND POLICY

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NO REFUNDS after two weeks prior to camp

### MEDICAL AUTHORIZATION

Physician's Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

In an emergency, I hereby give permission for my child to be examined by the camp's certified (first aid and CPR) staff. I also give permission to the licensed physician, selected by the camp operator, to hospitalize, secure proper treatment, anesthesia or surgery for my child in an emergency. I also give the camp permission to advise the hospital of our health insurance at the time of any treatment. Our health insurance is covered by:

\_\_\_\_\_  
Contract or Group No.

Please complete back of registration form