



Peninsula
juniors



2010 Volleyball Camps

August 2 – 5, 2010

Don't miss out on the opportunity to improve before your next season!

This is the perfect opportunity to get ready for your junior high school or high school tryouts or season in the fall! Instruction will be fast-paced and intended to challenge players of all abilities. Each camp will include step-by-step progressions of all skills as well as team concepts and fun, competitive games. All instruction will be modeled after training concepts used by the US National Volleyball Team.

PJV Volleyball Camps will be held at:

John F. Kennedy Middle School
2521 Goodwin Avenue
Redwood City

Cost: \$200 per player

5th and 6th grades

9:00am – 12:00 noon

7th and 8th grades

1:00pm – 4:00pm

9th, 10th, 11th grades

5:00pm – 8:00pm

Please check in 30 minutes before the start of camp on August 2 at the Kennedy Middle School gymnasium – the entrance to the gym parking lot is on Washington Avenue.

Campers should wear comfortable clothing with no buttons, snaps, or zippers, socks, and athletic sneakers that tie. Players should bring plenty of water in a container marked with the camper's name.

Camp Director – Denise Sheldon, PJV Director

Denise is a USA Volleyball CAP II certified coach and a member of the USA Volleyball High Performance coaches pipeline. In addition to coaching camps at the US Olympic Training Center and coaching a Youth team at the High Performance Championships in the summer of 2010, she is also coaching a USA Under-22 Development team in Brazil this June.

Camp head coaches will include Chris Balestrieri, Eric Balellos, and Nicole Rathman. Additional PJV coaches will serve as court coaches.

www.peninsulajuniors.org

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2010 Volleyball Camp

Full Name _____

Age _____ Grade (fall '10) _____ School _____

Address _____

City, State, Zip _____

Home Phone # _____

E-mail _____

Parent/Guardian Names _____

Emergency Phone _____

T-shirt Size			
YS	YM	YL	
S	M	L	XL

Please register me for the following camp:

August 2 – 5, 2010

\$200 per player

5th and 6th grades

9:00am – 12 noon

7th and 8th grades

1:00pm – 4:00pm

9th, 10th, 11th grades

5:00pm – 8:00pm

Mail completed form, medical release form, and check for fees to:

(One registration and medical release form per player)

Peninsula Juniors Volleyball Club

P.O. Box 7129

Redwood City, CA 94063

E-mail: director@peninsulajuniors.org

We will accept registrations until each camp is full, up to 24 players per camp on a first come, first serve basis. Grade indicated refers to the grade the player will be starting in the fall 2010. Players may play in a different session than their grade would dictate if a family feels it is appropriate to play in a more advanced session for the player's abilities.

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IDENTIFIED RISKS OF PARTICIPATION: The list of potential risks related to this activity is intended to assist participants in evaluating the risk and assumption of those risks through voluntary participation and agreement on the below release. Additional risks, foreseen and unforeseeable, common, and uncommon, may also exist and are assumed through voluntary participation in this activity. Possible identified risks of camp participation are: bodily injury, abrasions, contusions, dislocations, fractures, breaks, sprains, and strains from camp related activities; insect bites and stings, heat related illness, and possible long term effect of such injuries or illnesses, or death.

RELEASE AGREEMENT: I hereby waive, release, and discharge any and all claims for damages, personal injury, death, or property damage which I may have or which hereafter accrue to me, against Peninsula Juniors Volleyball Club, the camp coaches, and the directors and volunteers working at the camp, as a result of my participation in the event.

I further understand that accidents and injuries can arise out of participation in this activity: knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agrees that this waiver, release, and assumption of risk, is to be binding on my heirs and assigns.

I have read this entire Release Agreement and Identified Risks of Participation. I fully understand it and agree to be legally bound by it.

AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT:

Any child without a completed consent to treat form on file prior to the start of a camp will not be able to participate in any camp activity. The Director and staff are not responsible for any medical, dental, or other expenses resulting from accidents.

The undersigned (Parent/Guardian) of (Player's Full Name) _____ hereby authorizes Peninsula Juniors to consent to any diagnostic procedure (including x-rays) to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act. My child is in good health and I know of no medical reason why she cannot participate in any camp activities.

This authorization is given in advance of any specific diagnosis, treatment, or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

Parent/Guardian Signature _____ Date _____
