

# Jr. Volleyball Camp

*Mt. Hood Athletic Club*  
Where fitness is just the beginning...



This camp is designed to focus on all aspects of the game with emphasis on fundamentals and skill building for that young volleyball enthusiast. Your young athlete will leave with a renewed energy and enthusiasm for the sport and improved self-confidence as a player.

**When:**

June 26-28

**Time/Age:**

Grades 3rd—5th 9:00am-11:00am

Grades 6th - 8th 12noon-3:00pm

**Where:**

Mt Hood Athletic Club Gymnasium  
37095 Hwy 26, Sandy OR 97055

**Cost:** \$40 (members and non-members)

**Instructors:**

MHAC Volleyball Club Coaches

Registration deadline is Thursday, June 22nd.  
Minimum of 10 / Maximum 30



# ***Mt Hood Athletic Club Registration Form***

Payment for all programs required upon registration

Participant Name: \_\_\_\_\_ MHAC Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Email Address: \_\_\_\_\_ Class/Program \_\_\_\_\_

Parent Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ ph# \_\_\_\_\_

Member: Yes No

\*\*Please register within 5 days of the start of any program or a \$5 late registration fee may be added to the program cost.

## **Release of Liability & POLICIES:**

Mt. Hood Athletic Club is not responsible for lost or stolen items. It is further expressly agreed that all exercises shall be undertaken by me at sole risk and Mt Hood Athletic Club shall not be liable to me for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services and facilities of Mt. Hood Athletic Club or the premises where the same is located, and I do hereby expressly forever release and discharge the said club from all claims, demands, injuries, damages, actions or causes of action, and from all acts of actions or passive negligence on the part of the company, corporation, clubs servants, agents or employees. Member and non members represents and warrants that he/she is in good physical condition and that he/she has no physical disability, impairment or ailment preventing he/she from engaging in active or passive exercise or that will be detrimental to his/her health, safety, comfort or physical condition if he/she does so engage or participate. I also understand and agree that any Mt Hood Athletic Club or event sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in this event without liability or obligation to me.

**No exceptions are available for above stated policies.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Consent: \_\_\_\_\_ Date \_\_\_\_\_

## **PROGRAM INFORMATION**

## **Staff Use Only**

Class/Program Name \_\_\_\_\_ Session/Level \_\_\_\_\_

*Write in session # or level if applicable*

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Late reg. fee Y N Employee Initial \_\_\_\_\_

Name of private instructor (if applicable) \_\_\_\_\_

Payment Method

Cash \$Check Visa/MC On Account # \_\_\_\_\_

Staff reminder: Enroll Members in class is applicable. File in correct binder under correct session.