

**REGISTRATION**

PLAYER NAME

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2018-19 GRADE

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PARENT/GUARDIAN NAME

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ADDRESS

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TELEPHONE/CELL  
NUMBERS

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EMAIL ADDRESS

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T-SHIRT SIZE (CIRCLE  
ONE)

YOUTH M L

ADULT S M L XL

Registration before June 20th:

\$100

Registration after June 20th:

\$120

Each additional sibling:

\$70

Return form along with check  
payable to:

“Dig This” Volleyball Camp

ATTN: Douglas Balser

Reagan High School

3750 Transou Road

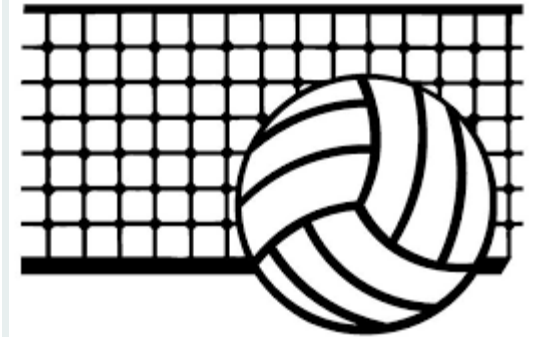
Pfafftown, NC 27040



**“Dig This”**

**Volleyball  
Camp**

**At Reagan  
High School**



July 24–27, 2017

9am–12 pm

Rising 6th–9th grades

Contact:

Douglas Balser

[djbals@wsfcs.k12.nc.us](mailto:djbals@wsfcs.k12.nc.us)

336.703.6776



**CAMP GOAL:** To provide the optimal learning environment in which every camper can improve his or her volleyball skills.

**CAMP PHILOSOPHY:** This camp will focus on the fundamentals of volleyball. The players will receive instruction tailored to their skill level, in the areas of setting, attacking, passing, blocking and serving.

This camp is designed to help players grow in their individual skills. In addition we will emphasize the elements of team offense and defense.

We will use a variety of drills and competitive events to help challenge the players to reach their full potential.

**STAFF:**

The Ronald Reagan High School coaching staff, along with former players and other local coaches will be instructing and evaluating players during the camp.

**WHAT SHOULD I BRING?**

- Athletic wear and shoes
- Kneepads
- Water bottle

Each camp participant will receive a t-shirt

AGREEMENT/RELEASE

I, \_\_\_\_\_  
am the parent or legal guardian for

\_\_\_\_\_. I fully understand and appreciate the potential danger, hazards and/or risks, directly and/or indirectly present in participating in this activity.

In consideration for being allowed to participate in this activity, I agree to hold harmless the supervisor(s) and coordinator(s) of this activity, Reagan Volleyball, Reagan High School, its agents, officers, employees and student volunteers harmless for any and all direct, indirect, special or consequential damages which may incur as a result of my participation in this activity.

I have read the terms of this agreement/release and I understand and voluntarily agree to the terms and conditions.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Insurance Company—Policy #

Any allergies or medical conditions that the camp staff should be aware of?

\_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_