

Lakota West Girls Volleyball Camp 2018



CAMP OBJECTIVES

To improve player performance through development of basic skills, offensive and defensive strategies, and team concepts. Topics to be covered include serving, passing, setting, hitting, individual defense, team serve receive, offense and defense. These topics will be covered in technique and drill stations, games, and team competitions.

CAMP DIRECTOR & STAFF

Camp Director is Tracey Kornau. This was Coach Kornau's 28th year as a head coach. Her record includes a state championship, 9 regional appearances, and numerous league titles. She is a member of the Butler County Hall of Fame and was named a Lakota Educator of Excellence in 2016. The Lakota West High School and Junior High Coaches will be on hand. Lakota West volleyball grads and local college players will also be on staff. The 2017 staff is pictured above.

DATES, TIMES, COST & DISCOUNTS, CHECK IN TIME / WHAT TO BRING

Current 2017-18 K, 1st, 2nd or 3rd grade: June 4-7 (Mon.-Thurs.) from noon-2 PM. Cost: \$85.

Current 2017-18 4th, 5th, 6th, or 7th grade: June 4-7 (Mon.-Thurs.) from noon-3PM. Cost: \$100.

*Cost includes T-shirt.

Early Bird Discount: A reduction of \$10 per athlete is applicable if paid in full by May 1.

Check in at 11:45 AM at Lakota West High School (main campus in the Main Gym). Please bring gym shoes, kneepads, and water. Refunds must be requested BEFORE the start of camp and will require a statement from a doctor. Refunds will be processed after camp week. There is a \$20 service charge for any cancellations.

INSURANCE

Each applicant must have her own insurance. Lakota and/or any camp staff member will assume no responsibilities for injuries incurred while at this camp. Parents or guardians are assuming all insurance risks.

REGISTRATION

Enrollment is limited. Applications will be accepted online until camp is full. Early registration ensures a quality staff as well as proper T-shirt sizes. Please apply online at: <https://westfirebirds.com/camp-information/> or you can go directly to <https://form.jotform.com/80854280183155>

If you are a Lakota student, please pay online using your EZPay Account. Please pay by May 1 for discounts to apply. EZPay closes May 24. After May 24, all campers must pay by check/cash at registration on June 4.

If you are not a current Lakota student you must pay by check. Please make checks payable to: Lakota West Athletic Department. Send fees to: Tracey Kornau Lakota West HS 8940 Union Centre Blvd., West Chester, OH 45069. Fees must be postmarked by May 1 for discounts to apply.

* For additional information, call Tracey Kornau at 513.874.5699 ext. 10452 or tracey.kornau@lakotaonline.com.

When you registered for camp online, you electronically signed this form. We do not need a paper copy at camp.

RELEASE OF LIABILITY / INFORMED CONSENT / ASSUMPTION OF RISK WAIVER

I, _____, hereby understand and acknowledge that participating in off-season student activities, including camps, school-sponsored activities not-in-season, open mates, open gyms, and/or use of exercise equipment (hereinafter, the "Activity") provided by **Lakota Local School District Board of Education** on its properties, requires physical exertion that may be strenuous and may expose me to many inherent risks, including accidents, physical injury, illness or even death. I am fully aware of the risks and hazards involved. I assume all risk of injuries associated with participation in said Activity of which may or may not be currently known, including, but not limited to, falls, contact with other participants, physical injuries, potential for falls, slips, sprains, broken bones, etc. In extremely rare cases, paralysis and even sudden death can occur as a result of the participation in this Activity. Serious injury or sudden death may also occur as a result of improper use of equipment.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in Activity. I acknowledge that I am physically fit and mentally capable of performing the physical Activity I choose to participate in.

Being fully informed as to these risks and in consideration for being allowed to participate in this Activity, I hereby assume all risk of injury, damage and liability arising from participation in this Activity. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.

I hereby release and hold harmless the **Lakota Local School District Board of Education**, its board of education members, employees, volunteers and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorneys fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by me while participating in said Activity. I have voluntarily chosen to participate and assume all such dangers and risks.

Student's Name	Participant's Signature	Date
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I certify that I am the parent/legal guardian of the above-named student, and that I have read and understand this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I certify that I have explained the risks and dangers to my child. I certify that I have completed, signed, and returned an Emergency Medical Authorization Form consenting to emergency medical treatment for my child. I hereby release and hold harmless Lakota Local School District Board of Education, and their board of education members, employees, volunteers and agents associated with the Activity and related activities from any liability, actions, causes of action, claims, judgment cost or expense, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in this Activity(ies). I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my child be permitted to participate in this activity.

Parent's Name	Parent's Signature	Date
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Parent's Name	Parent's Signature	Date
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Is this student covered by a medical insurance policy? Yes: ____ No: ____

If yes,

Insurance Company: _____ Policy Number: _____