



Capitol Sports Center and the Circle City Volleyball Club present the

2017 SUMMER CAMPS

Volleyball Camp Registration Form

Whether you are new to volleyball, preparing for the upcoming season, or just wanting to improve a specific skill, Circle City has a camp for you! Each session is \$80 and all camps will include a t-shirt. If you have any questions call our office at (317) 839-5222.

Complete the following by checking the appropriate dates and return with payment to:
Capitol Sports Center, 1915 Gladden Rd, Plainfield, IN 46168. You may also register online at www.capitolsportscenter.com/

All Skills (\$80)	Positional Camps (\$80)
<p>This program is open to players of all ability levels. Campers will learn the fundamentals, develop correct techniques and increase game play experience. Every facet of the game is covered, giving you a solid foundation to build upon after camp.</p> <p>June 12-15</p> <p>_____ 9:00am-10:30am Grades 2-6</p> <p>_____ 11:00am-12:30pm Grades 7-9</p> <p>July 17-20</p> <p>_____ 9:00am-10:30am Grades 2-6</p> <p>_____ 11:00am-12:30pm Grades 7-9</p>	<p>These camps are designed for players who want to focus their attention on specific skill sets. Campers will be grouped by ability level and receive specialized instruction and training for that skill.</p> <p>June 19-22: Passing</p> <p>_____ 9:00am-10:30am Grades 2-6</p> <p>_____ 11:00am-12:30pm Grades 7-9</p> <p>June 26-29: Setting</p> <p>_____ 9:00am-10:30am Grades 2-6</p> <p>_____ 11:00am-12:30pm Grades 7-9</p> <p>July 10-13: Hitting</p> <p>_____ 9:00am-10:30am Grades 2-6</p> <p>_____ 11:00am-12:30pm Grades 7-9</p>

Serving will be included in all camps!

Name: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **School:** _____ **Grade:** _____

Birth Date: _____ **Position:** _____ **Shirt Size:** _____

Note: This form must be read and signed before any participant is allowed to take part in the camp. By signing this form, the participant's parent/guardian affirms having read it. Sponsoring Organization: Capitol Sports Center. In consideration of my involvement under the auspices of the sponsoring organization, I acknowledge and agree that:

1. Participants risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to property.
2. I knowingly and freely assume all such risks; and
3. I, for myself and on behalf of all my heirs, assigns, and next of kin, hereby release hold and promise not to sue the Capitol Sports Center, its officers, official agents and/or employees, with respect of any and all such injury, paralysis, dismemberment, death and/or loss of or damage to property except that which is a result of gross negligence and/or wanton misconduct.

I have read the above and release, and understand that I have given up substantial rights by signing it.

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____