



MAPLE HILL SPORTS ACADEMY

SUMMER 2024 GIRLS VOLLEYBALL CAMP

REGISTRATION FORM

Grades 5-9

DATES: July 15-19, 2024

TIME: 1-4 PM (Half day)

FEE: \$87.50

DEADLINE: May 31, 2024

Wildcats Summer Volleyball Camp Instruction will be led by Maple Hill Girls Varsity Volleyball Coach, Len Bacon. Volleyball camp is a five-day camp that will focus on the fundamentals of volleyball through individual drills, group drills, station work and games. The goal is that each player will develop their individual skills, ability to work together on a team, have an enjoyable experience and gain a greater understanding of the game.

Name: _____ **Age:** _____ **DOB:** _____ **Grade in Fall '24:** _____

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

Parent's Name: _____ **Cell:** _____ **Home Phone:** _____

E-Mail: _____ **Emergency Contact:** _____ **Phone:** _____

Shirt Size (circle one): YOUTH: M L ADULT: S M L XL XXL **SEX:** Female Male

MEDICAL/CONSENT FORM

Health Insurer: _____ **Policy Number:** _____

Allergies: _____ **Medical Concerns:** _____

Present Medication: _____ **Preferred Emergency Room:** _____

Physicians' Name & Phone: _____

WAIVER INFORMATION

In the event of an emergency, I authorize the staff, nurse, doctors and/or emergency personnel to administer first aid or care as necessary. I understand that neither the Maple Hill Sports Academy nor the Schodack Central School District provide medical insurance for campers. In the event of any injury requiring medical treatment and/or hospitalization, all costs will be covered by our family insurance.

Parent/Guardian Signature & Date: _____

DROP OFF / PICK UP

Drop off available 30 minutes before the start of camp.

Please be aware that there will be ongoing district-wide construction throughout the summer. This should not impact our normal drop off / pick up procedures as a majority of the planned work will take place indoors.

REMEMBER TO BRING EVERY DAY

- ❖ Water bottle
- ❖ Sunscreen
- ❖ Snack
- ❖ Appropriate clothing and footwear for the activity and weather

EMERGENCY CAMP CONTACTS

Scott Hanrahan: 518-441-2663

Kolby Flach: 518-928-4131

PAYMENTS

Please make check payable to: SCHODACK CENTRAL SCHOOLS

Please complete the application and return it with full payment to:

No cash will be accepted

Any questions can be directed to jtedford@schodack.k12.ny.us

Continuing Education

1477 South Schodack Road

Castleton, NY 12033

NO REFUNDS will be issued unless medically injured and valid documentation is provided.

