

VOLLEYBALL CAMP



- Who: Girls entering grades 5-9
- What: An instructional camp designed to promote interest and skill development in the game of volleyball.
- Where: Woodland Regional High School Gymnasium
- When: August 8th-12th (Monday-Friday) 9:00 am to 11:00 am
- Fee: Prospect and Beacon Falls Residents \$85

Camp Features:

- Outstanding Instruction
- Daily Drill Stations
- Daily Volleyball Games - Grouped by ability

Instructor: Jess DeGennaro

To register: Make checks payable to: Town of Beacon Falls
Mail to: Jess DeGennaro
18 Bonna Street, Beacon Falls 06403 (include registration)

Questions: (203) 848-9590 Jess DeGennaro

Parks & Recreation Summer Activity Registration

Activity _____

Name of child _____ Male () Female ()

Address _____ Parents Email _____

Phone _____ Parents Cell _____

Grade in September 2016 _____ Date of Birth _____

Mother's name _____ Daytime phone _____

Father's name _____ Daytime phone _____

Other person (after we tried you at home, your cell and daytime phone and you STILL can't be reached) we should call in case of emergency.

Name _____ Phone _____

Doctor's name _____ Phone _____

Does child have any allergies or special needs? _____

"By my signature, I do hereby acknowledge that participation in and any claim for damages and/or injury which may result from such participation governed by the Connecticut General Statutes, Sections 52-557f through 52-557l, commonly referred to as the Recreational Land Use Act and may be further governed by Connecticut General Statute, Sections 52-557n and 52-557m, which generally absolves the Town of Beacon Falls/Prospect, the Parks and Recreation Department and Commission, the Board of Education, the Camp and its staff and its volunteer coaches of all liability including claims and suits at law or in equity for any injury which may result directly or indirectly by participation in this activity. I further acknowledge that sports activities are inherently contact oriented and as a consequence thereof can and sometimes do lead to injury and I further realize that I have waived all claims which may result against all of the aforesaid individuals and entities."

In the event of illness or injury to the above - named child and after an attempt has been made to reach the parents or guardian of the child informing them of such injury, the Camp director is hereby authorized to contract for and authorize treatment by a medical doctor.

Signature of Parent or Guardian _____ Date _____