

2024 CUHS Volleyball Camp

The camp application is attached to this flyer, available for download on the CUHS Athletics Homepage, and will be available during registration. Applications must be signed by a parent/guardian.



WHEN: Monday – Thursday July 15 – 18, 2024

COST: \$50 Including camp t-shirt
(payment options: cash, check payable to CUHS Volleyball, GoFan.com)

- WHO:**
- Players *going into 4th - 8th grade* from 9:30am – 11:30am
 - Players *going into 10th grade* from 12:00pm – 2:00pm
 - Players *going into 9th grade* from 3:00pm – 5:30pm

9th and 10th grade camp time will be determined by June 24th. Come to open gyms for more information.

REGISTRATION: **30 minutes before designated camp time on Monday, July 15th in the North Gym.**

**** Bring a completed registration form, signed by a parent, with \$50 to the North Gym ****

Make sure to bring court shoes, sports clothing, and water.

This camp is designed to help players improve their volleyball skills in preparation for the season and is a fundraiser for the CUHS Volleyball Program.

If you have any questions please email Jessica Flores at jflores@corningshs.org



Corning Union High School
Volleyball Camp Registration

PLAYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ GRADE ENTERING _____

EMERGENCY CONTACT INFORMATION

NAME _____

PHONE NUMBER _____

Assumption of risk/waiver of rights

In consideration of your acceptance of my registration in the Corning High School Volleyball Camp, I hereby, for myself, my heirs, my executors and administrators, assume all risk of injury from my attendance at or participation in the camp or other camp events, and release and waive any and all rights and claims I have against the sponsors, organizers, Corning Union High School and Corning Union High School District and other persons associated with the camp for damages, loss or injuries I may suffer in connection with the camp or other camp events. I understand I am responsible for my own conduct and voluntarily accept the risk of injury or loss resulting from my participation in the camp and camp related activities. I, for myself, my heirs, executors and administrators release and also agree to defend, indemnify and hold harmless Corning High School Volleyball and Corning Union High School District and other persons associated with the camp for any and all loss, damages, and injury I can occur as a result of the negligence of Corning High School or any of them. No health care professional or any other person has told me not to participate in this clinic due to health reasons.

Signature of Athlete

Signature of Parent/Guardian for players under 18 on behalf of themselves & their minor child

OFFICE SECTION: Paid \$50 for camp YES ___ NO ___ OTHER ___ Camp Shirt Size S M L XL