

2019 ZOOM SUMMER CAMPS

Zoom Club Director/Coach Crysti Bell

GEHS Coach/Zoom Coach Hannah Bettge



ADVANCED 2-Day Camps

Middle School Camp

Grades 5 – 8 for the 2018-2019 school year

Monday, June 24th: Middle Schoolers
1:00 pm – 4:00 pm

Tuesday, June 25th: Middle Schoolers
1:00 pm – 4:00 pm

High School Camp

Grades 9 – 12 for the 2018-2019 school year

Wednesday, June 26th: High Schoolers
1:00 pm – 4:00 pm

Thursday, June 27th: High Schoolers
1:00 pm – 4:00 pm

\$75 per player



*****Payable through Pay Pal, crystibell@gmail.com or checks made payable to Crysti Bell**

LOCATION: Pioneer Ridge Middle School, Gardner Kansas

All Players Welcome!

Boys and Girls, Zoom players, Non-Zoom players, Gardner Residents, Non-Gardner Residents

If you **LOVE** the game **OR** want to develop that edge for school/club tryouts...

PLEASE SEND WAIVER and/or check to Crysti Bell

FIRST 40 PLAYERS Guaranteed Spots

Crysti Bell * 20275 S Gardner Road * Gardner, KS 66030

Participants Name: _____

T-shirt Size: _____

Emergency Contact Number: _____

Email: _____

School: _____

Grade during the 2019 - 2020 school year: _____

Session (Circle One): Middle School Camp High School Camp



WAIVER AND RELEASE OF LIABILITY – ZOOM VOLLEYBALL SUMMER 2019

NOTE: This form must be read and signed before any player is allowed to take part in any competition, training, OR practice sessions taking place during the Zoom Summer Volleyball Camps.

1.) I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause the potential for death, serious injury, or property damage. With a full understanding of the potential risks...**I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.**

2.) I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death OR personal injury OR damages of any kind, which arise out of or relate to my traveling to and participation in any volleyball event, *THE FOLLOWING PERSONS OR ENTITIES: HOA, USAV, ZOOM VOLLEYBALL CLUB*, all of their directors, sponsors, officers, employees, coaches, representatives and agents of the club;

b) **I AGREE NOT TO SUE** any persons or entities listed above for any of the claims or liabilities that I have waived, released, or discharged herein;

c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

By signing this form, I agree that I will be playing in the Zoom Summer Volleyball Camp for the current 2019 summer season (June 2019). I also affirm that I have read this document, understand its contents, and comply with its terms. If I am under the age of eighteen (18), my parent/guardian has read and complies with the terms of this document. I fully consent to my child's participation in the Zoom Summer Volleyball Camps.

Date: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____