

Franklin Regional Summer Volleyball Camp 2022

Hosted by the Franklin Regional Volleyball Team



What: This is a three day, all skills summer camp that will focus on basic fundamental training, individual skills in all positions on the court and overall knowledge of the game. By the end of this program, your child will gain confidence, more knowledge of the sport and be at the skill level to play an actual game of volleyball. There will be prize giveaways during the camp and everyone will receive a t-shirt. This camp will benefit the Franklin Regional Volleyball Team.

Grades: 3rd - 8th

When: JUNE 27th, 28th, and 29th from 5-8pm EACH DAY

Location: Franklin Regional High School Gym, 3200 School Road Murrysville, PA 15668

Cost: \$120 per player

Spots available: ONLY ACCEPTING THE FIRST 100 PARTICIPANTS WHO SIGN UP!

Lead Instructor: Rachel Frye

- Franklin Regional Varsity Volleyball Head Coach
- Westmoreland Elite Volleyball Club Head Coach
- Former Assistant Varsity/Head JV Coach at the Obama Academy
- Former Penn State Behrend Collegiate Volleyball Player

OTHER COACHES INCLUDE: The FRVB Coaching Staff, Volunteer Coaches, High School Coaches, Various DII and DIII College Players and the FRVB Varsity Volleyball players.

THINGS TO KNOW:

- There is no experience required for this clinic and all players will be grouped by age and skill level.
- This camp is for **BOTH** boys and girls.
- **ANYONE** in grades 3-8 can sign up (you do not need to be in the FR school district).
- Acceptable payment methods = Exact Cash or Check (payable to FRVB)

Any additional questions, please email Rachel Frye at rfrye@franklinregional.k12.pa.us

To reserve your spot in the camp, fill out the participation form, complete the waiver and mail everything with your \$120 payment to the address below:

FRVB
213 Duquesne Blvd
New Kensington, PA 15068

ALL FORMS AND PAYMENT MUST BE RECEIVED BY: WEDNESDAY, JUNE 1st, 2022

PARTICIPATION FORM:

First and Last Name: _____

Age: _____ **Grade:** _____

Phone Number: _____ **Email (print clearly):** _____

Address: _____

Experience Level (check all that apply):

New to the game ____ Attended the 2022 FR Panther Preview Clinic ____

Middle School Player ____ Travel/Club Player ____

T-shirt size (circle one):

Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium,

Adult Large, Adult X-Large

**FRANKLIN REGIONAL SUMMER VOLLEYBALL CAMP
WAIVER/RELEASE OF LIABILITY FOR PARTICIPANTS**

In consideration of _____, my child, being allowed to participate in any way in the **Franklin Regional Summer Volleyball Camp**, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, BUT NOT GROSS NEGLIGENCE OF THE RELEASEES; or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest instructor immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **The Franklin Regional Summer Volleyball Camp**, its instructors, coaches, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date Signed: _____

I, as the participant, understand the seriousness of the risks involved in participating in this clinic and accept them as a participant.

Participant Printed Name: _____

Participant Signature: _____

Date Signed: _____