



SAINTS
SEATTLE LUTHERAN
HIGH SCHOOL

4100 SW Genesee St.
Seattle, WA 98116
www.SeattleLutheran.org
206-937-7722

SAINTS
SEATTLE LUTHERAN
HIGH SCHOOL

University of Idaho

VOLLEYBALL CAMP

JULY 23-26, 2012





University of Idaho



University of Idaho

Satellite Volleyball Camp

2012 COST (Four Day Camp)

- \$50 per camper "Open for all Junior High School age kids going into 6th - 8th grade 2012"
- 9-12pm July 23rd - 26th
- \$75 per camper "For Seattle Lutheran High School Kids Only"
- 1-5pm July 23rd - 26th

CAMP PROVIDES

- Trained staff of current and former coaches and collegiate players
- Player's manuals

GOALS

- To teach and improve individual and team skills.
- To provide a fun and challenging experience.

INSTRUCTIONAL ACTIVITIES

Passing, Setting, Hitting, Blocking, Individual Defense, Team Defense, Offensive Systems, Team Competitions

Contact Ed Johnson edjohnson2010@comcast.net

REGISTRATION:

Please mail registration/payment to: Seattle Lutheran - c/o Ed Johnson
4100 SW Genesee St. - Seattle, WA 98116 - 206-937-7722

*Checks made out to: Seattle Lutheran Volleyball

NAME _____

AGE _____

PHONE _____

ADDRESS _____

CITY _____

ZIP _____

EMAIL _____

GRADE IN FALL (2012) _____

SCHOOL IN FALL (2012) _____

T SHIRT SIZE: S__ M__ L__ XL__

WAIVER: As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I authorize instructors and/or volunteers of Seattle Lutheran & University of Idaho Volleyball Satellite Camps to act for me according to their best judgment in any emergency requiring medical or other attention. I agree on behalf of myself, my child named herein, and our heirs, successors and assigns, to waive, release, hold harmless and defend Seattle Lutheran & University of Idaho Volleyball Satellite Camps, Ed Johnson and its officers, directors, agents, representatives and all volunteers associated with this activity from any and all liabilities, injuries, actions, claims, demands, damages, costs, expenses and all consequential damage arising from, or in connection to, this activity. Further, I agree to compensate Seattle Lutheran School, its officers, directors, agents, representatives and all volunteers associated with this activity for reasonable attorney's fees and expenses arising therewith. I know of no mental or physical problem that may affect my child's ability to safely participate in the program.

Parent/Guardian Signature

Date

