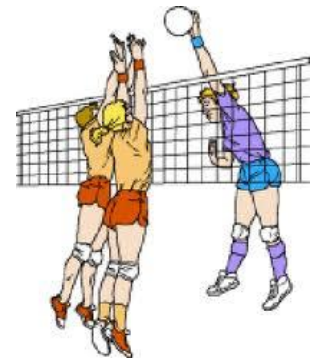


Dig up the action.....



Volleyball Camps August 26 – 30, 2019
Grade 6 or 7 -- 9 am - 12:00 pm
Grade 8 or 9 -- 1:00 pm - 4:00 pm

Who: For students entering 6-9th grades
Where: Menno Simons Christian School: 7000 Elkton Dr SW Calgary.
Questions?: E-mail marvin.grasmeyer@pallisersd.ab.ca or call the office at (403) 531-0745.

... what to expect

Description: The Menno Simons Christian School volleyball camp wants to help you to become the best volleyball player and the best person that you can be. The environment of the camp will be one of encouragement, promoting self-confidence and having fun, while improving volleyball skills. We will work on the basic skills of passing, hitting, serving, and team play, along with learning about character development and sportsmanship. This camp will help to prepare you for your upcoming school season, so come ready to work hard and to have fun.

Time: (entering Grade 6 or 7) 9:00 am – 12:00 pm
(entering Grade 8 or 9) 1:00 pm – 4:00 pm

Cost: \$135.00

Who: Grade 6 - 9

... what to do

Application: Complete the Volleyball Camp Registration. It is available in hard copy at the school or online www.mennosimonschristianschool.ca (under documents).

Fees: \$135.00 fee can be paid in cash, debit, credit card or cheque to Menno Simons Christian School. Registrations and fees can be turned in at the MSCS office. Fees will not be pro-rated based on attendance.

Cancellation Policy: Cancellations after July 1st, will be assessed a \$20 admin fee.
Before July 1st, a full refund is granted.

... what to know

Attire: Please wear gym strip, indoor runners. Knee pads are optional but will be used if brought.

Drop Off: Please arrive 15 minutes prior to camp time. Use the gym door at the side of the building.

Pick Up: Be ready to pick up at 12:00 pm or 4:00 pm depending on your Camp.

To Bring: Water bottle, a snack



PALLISER REGIONAL SCHOOLS
Registration Form
for MSCS Volleyball Camp



Program: MSCS Volleyball Camp

Date: August 26 – 30, 2019 Time: 9am- 12pm; 1:00 – 4:00 pm

Destination: MSCS Gymnasium

Please complete all areas of the form below

Name: _____ School: _____

Birth date: _____ Grade in fall: _____

Alberta Health Care #: _____

Parents names _____

Home phone: _____ Parents Cell: _____

E-mail address: _____

Mailing address: _____

Emergency name & number: _____

Payment: (cheques payable to MSCS)

Cost: \$135.00

Payment Method:	Cash:	Debit:	Cheque:	Credit Card:
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PAID: (for office use only)

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PALLISER REGIONAL SCHOOLS
Informed Consent/Permission Form
for Volleyball Camp



DETAILS OF CAMP

Program: _____ MSCS Volleyball Camp _____

Date: _____ August 26 – 30, 2019 _____ Time: _____ 9am – 12pm; 1:00 – 4:00 pm _____

Destination: _____ MSCS Gymnasium _____

Summary of Activities: _____ Volleyball training and playing _____

Cost to Student: _____ \$135.00 _____

ELEMENTS OF RISK

Educational activity programs such as sports camps involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injuries which may result from participating in Volleyball Camp.

1. _____ Sprained fingers _____
2. _____ Sprained ankles _____
3. _____ Hit by a volleyball _____
4. _____ Exhaustion _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student or the School Board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that your/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Volleyball Camp, you must understand that you bear the responsibility for any injury that may occur.

The Board of Trustees of Palliser Regional School Division No. 26 does not provide accidental death, disability or dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

We have read the above. We understand that by participating in the activity described above, we are assuming the risks associated with doing so.

Signature of Student

Date

Signature of Parent/Guardian

Date

PERMISSION

I give _____ (name of student) permission to participate in the Volleyball Camp to be held on August 26 – 30, 2019

Signature of Parent/Guardian

Date

Please sign and return this page.

First come first served. (During the summer months please send an email to marvin.grasmeyer@pallisersd.ab.ca to confirm availability.

Late registrations may be accepted if room is available.

Mail to: Menno Simons Christian School
7000 Elkton Dr SW
Calgary, AB T3H 4Y7

Email: marvin.grasmeyer@pallisersd.ab.ca