



Summer 2019 Volleyball Camps

Payment:

SEND ALL PAYMENTS TO:

Valley High School
Attn: Valley Athletics—
Volleyball Camp

PLEASE MAKE CHECKS

PAYABLE TO:

Valley Athletics (include
attendee's name & Volleyball
Camps in the notes)

Register Online:

Campers can also sign up for
sessions online! You can visit
[discover.wdmcs.org/online-
payments](http://discover.wdmcs.org/online-payments) to secure your
spot with West Des Moines
Community Schools' online
registration system.

Skills Camp @ VSW - Mon-Thurs June 17-20

9-Noon - Basic Skills ½ Day Camp (\$120)

Geared for players w/less than 2 years experience. HS North gym

9-Noon - Intermediate Skills (\$120)

Suitable for players w/2 or more years experience. HS Fieldhouse

1:30-5:30 - Advanced/HS Skills (\$150)

Designed for players entering 9-12th grades. HS Fieldhouse

Competition Camps - Mon-Wed July 15-17

(\$90)

9AM-11:30 3rd-8th grade @ VHS Fieldhouse

Fun games and activities geared for teaching basic systems of play.

(\$110)

12:30-3:30 9-12th grade @ VHS Fieldhouse

Emphasizes competitive drills, success strategies, & mental training.

2019 VALLEY VOLLEYBALL SUMMER CAMPS REGISTRATION FORM

Student's Name _____ Age _____ Grade (2019-20) _____

Parent's Name(s) _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Camps attending _____

Please return form and payment to: Valley High School Activities | c/o Brad Rose
3650 Woodland Ave. | West Des Moines, IA 50266

In consideration of the acceptance of this application for the enrollment in the 2019 Tiger Volleyball Camp I/we, intending to be legally bound, hereby for myself, my heirs, my executor and administrators, waive and release any and all rights and claims for damages I/we may have against West Des Moines Schools, all sponsors and all employees of the Tiger Volleyball Camp for any and all damages which may be sustained and suffered by me in connection with my/our association to, participating in or returning from the camp. I/we hereby grant permission for my/our child to be a participant in the Valley Volleyball camp and if any injury should occur during traveling to or returning from the camp. I/we agree to pay for all costs, present and future, through my/our insurance policy and/or personal finances.

Applicant's Signature

Parent/Guardian Signature

Insurance Carrier