



Heritage Summer Volleyball Camp  
Monday - Thursday, July 11-14, 2011  
Heritage Christian Academy in Maple Grove

**Elementary I** - 9:00 to 10:15am

Beginner Level for 1st & 2nd graders - *GIRLS AND BOYS*

No experience necessary - \$50

**Elementary II** - 9:00 to 10:30am

Beginner Level for 3rd to 6th graders - *GIRLS AND BOYS*

No experience necessary - \$60

6<sup>th</sup> graders with little or no experience are best suited for Elementary II Camp

**Middle School** - 10:30am to 12:30pm

Intermediate Level for 6th to 9th graders - *GIRLS ONLY*

Camp or team experience recommended, but not required - \$80

6<sup>th</sup> graders with team experience are best suited for Middle School Camp

9<sup>th</sup> graders with limited experience are best suited for Middle School Camp

**High School Advanced Camp** - 1:00 to 4:00pm

Advanced Level for 9th to 12th graders - *GIRLS ONLY*

Team experience required - \$100

9<sup>th</sup> graders with 3 or more years of team experience are best suited for HS Camp

**Camp Details:**

Detailed instruction on the Major Areas of the Game:

Serving, Passing, Attacking, Setting (overhead skills).

Scrimmage and Gamelike Situations

Specialized Instruction (High School Advanced):

Serving, Passing, Attacking, Setting, Digging, Blocking

Meet New Friends and Have Fun!!!

Return the form on the following page to register

Registration Form  
Heritage Volleyball Camp  
July 11-14, 2011

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Grade Level - Entering Fall of 2011 \_\_\_\_\_ School Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Size: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

I am registering for (one registration form per person):

\_\_\_\_\_ Elementary I Camp for 1<sup>st</sup> & 2<sup>nd</sup> Grade from 9:00 to 10:15am - \$50

\_\_\_\_\_ Elementary II Camp for 3<sup>rd</sup> - 6<sup>th</sup> Grade from 9:00 to 10:30am - \$60

\_\_\_\_\_ Middle School Camp for 6<sup>th</sup> - 9<sup>th</sup> Grade from 10:30am to 12:30pm - \$80

\_\_\_\_\_ High School Advanced Camp for 9<sup>th</sup> to 12<sup>th</sup> Grade from 1:00 to 4:00pm - \$100

Refund Policy: Full refund before June 15, 2011; half refund before July 1, 2011; no refund after the start of camp.

No online registration available. Please return the following by mail to the address below:

- Registration Form
- HCA Event Waiver and Permission Form
- Check made out to HCA for full payment

Heritage Christian Academy  
Attn: Dee McLellan  
15655 Bass Lake Road  
Maple Grove, MN 55311

**HERITAGE CHRISTIAN ACADEMY**

Event Permission and Waiver Form

**Child's Name:** \_\_\_\_\_  
**Age:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_  
**Parent(s)/Guardian(s) Name(s):** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone:** \_\_\_\_\_ / \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ / \_\_\_\_\_  
**Allergies:** \_\_\_\_\_  
**Health Conditions:** \_\_\_\_\_  
\_\_\_\_\_

*Please attach additional medical/health information including doctor's notes and medication notifications.*

I grant permission for my Child, \_\_\_\_\_, ("Child") to participate in co-curricular (related to curriculum, required course requirements or educational requirements) and extra-curricular (voluntary activities unrelated to course requirements or curriculum) activities at Heritage Christian Academy ("HCA"), HCA sponsored events and Minnesota State High School League sponsored events ("Events"), including, but not limited to, intramural and interscholastic events, music contents, athletics, fieldtrips, and transportation to and from the Events. In order to allow my Child to participate in these Events, I, Individually, and as a parent, or legal guardian of my Child agree to the following:

**Waiver:** In consideration of permission to participate, today and on all future dates I, for myself, my Child, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue HCA, their directors, officers, employees, coaches, instructors, and agents from liability from any and all claims, not including claims related to gross misconduct, related to personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my Child's participation in extra curricular activities, classes, observation, and use of facilities, premises, or equipment at HCA or at any Event, off HCA's premises.

**Assumption of Risks:** Certain activities, including but not limited to athletic events, transportation to and from Events, whether by HCA transportation or bus service, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. HCA has facilities for and provides for activities conducted on its' property or access and transportation to facilities that involve travel and or physical activity. I acknowledge that HCA is not warranting the condition of any of the facilities or granting assurances of an expected result due to use of the facilities whether at HCA or the location of the Event. HCA may not have any control over the conditions present at an Event, nor does it have control over the actions of your Child or other Children participating in the Event, whether they are fellow HCA students or non-HCA students. I acknowledge that my Child may have known or unknown pre-existing medical conditions that may impact his/her ability to participate in Events or use certain facilities and equipment properly. I acknowledge that my Child is a guest and by signing this waiver, I assume all responsibility for my Child's own behavior and any impact or harm which may come to the Child, or to another person due to my Child's actions.

**Indemnification and Hold Harmless:** I agree to indemnify and hold Heritage Christian Academy and their directors, officers, employees, coaches, instructors and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my Child's involvement or asserted in connection with an Event and to reimburse them for any such expenses incurred to the fullest extent of the law.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Medical Treatment:** I hereby authorize any medical treatment deemed necessary for my Child in the event of any injury or illness while participating in an activity or at an Event and the administration of any medication prescribed

by a medical doctor. My Child either has appropriate insurance or, in its absence, I agree to pay all costs of rescue and/or medical services as may be incurred on my Child's behalf. **Please note that during Events, there may be no one available to administer medications to students.** Should medication be necessary at these times, it is the parent's responsibility to administer and exceptions will be made ONLY for those students for whom self-administration is necessary and who have secured approval through filing of the necessary medication forms in the school office. In the event of an emergency, I fully authorize the administration of life-saving measures, and the utilization of emergency services in the judgment of HCA.

**Authorization:** I have read this waiver of liability, assumption of risk, and indemnity agreement. I fully understand its terms, and understand that I am giving up substantial rights, including certain legal rights. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law on my behalf and on behalf of my Child. I hereby assert that my Child's participation is voluntary and that I knowingly assume all such risks for my Child. I understand that Events may be supervised and provided by persons who are not employees, faculty or staff of HCA. I further understand that Events may be separate and unrelated to regular day course studies at HCA and are offered only as enrichment opportunities for students.

*THIS ACKNOWLEDGMENT MUST BE SIGNED BY THE PARENT(S) WHO HAVE LEGAL CUSTODY OF THE CHILD PARTICIPATING IN HCA EVENTS. BY SUBMITTING THIS SIGNED FORM, THE PARENT(S) CONSENT TO THIS AGREEMENT AND ACKNOWLEDGE THAT ALL PARENTS OR GUARDIANS WITH LEGAL CUSTODY HAVE APPROVED THIS AGREEMENT.*

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

*For Administrative Purposes Only*

<i>Dated Received:</i> _____	<i>Medical/Health/Allergies:</i> _____	<i>Last Name:</i> _____
<i>Received By:</i> _____	<i>Additional Forms Attached:</i> _____	<i>Homeroom Teacher:</i> _____