

Snow Canyon
BOYS VOLLEYBALL

SUMMER CAMP
featuring-



**SOUTHERN
VIRGINIA**



Jon Baker
Associate Head Coach
20 years college
coaching experience



Tom Peterson
Head Coach
2004 National Champion
Head Coach-BYU
1994 National Champion
Head Coach-Penn State

JUNE 4-6

3-Day Camp
@ Snow Canyon Middle
June 4th, 9:00a-4:00p
June 5th, 9:00a-4:00p
June 6th, 9:00a-12:00p

CAMP INFO

THREE-DAY CAMP

All boys entering 6th-12th grade

\$90

Includes: 3 days of instruction lead by college coaches & a camp t-shirt. A total of 17 hours of countless volleyball reps.

CAMP SCHEDULE

JUNE 4

9:00a-12:00p, LUNCH BREAK, 1:30-4:00p

JUNE 5

9:00a-12:00p, LUNCH BREAK, 1:30-4:00p

JUNE 6

9:00a-12:00p, Q & A w/Coaches

<https://snowcanyonmvb.weebly.com>

SUMMER CAMP REGISTRATION & RELEASE FORM

Athlete Information

Name: _____ Age: _____

School: _____

Grade (next fall): _____

Camp Registration/Participation Fee- \$90

Checks payable to "Snow Canyon VBC" **Walk-ins -\$150**
Registration is not confirmed until payment is received.

Mail to:
Donovan Martinez
PO BOX#3023

St. George, UT 84771

Camp T-Shirt (circle one)

Adult sizes: S M L XL XXL

(Registrations received after 5/25 are subject to shirt size availability)

Parent/Guardian Information

Name: _____

Contact #: (____) _____

Emergency Contact Information

Name: _____

Relation: _____

Contact #: (____) _____

Medical Waiver and Consent-

The undersigned parent or guardian of the applicant, _____, for and in further consideration of the Snow Canyon Men's VB Summer Camp accepting said applicant, does hereby release and discharge the Snow Canyon Men's Volleyball ("Snow Canyon VBC"), Snow Canyon High School, Snow Canyon Middle School, Washington County School District, Southern Virginia University, Top Court Camp and their representatives, employees and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind, even where they have been negligent, which may arise or be occasioned as a result of the applicant's participation in the Snow Canyon Men's VB Summer Camp and hereby, agree to have and indemnify and keep harmless the Snow Canyon Men's Volleyball ("Snow Canyon VBC"), Snow Canyon High School, Snow Canyon Middle School, Washington County School District, Southern Virginia University, Top Court Camp, their representatives, employees and agents against any and all liability, claims, judgments or demands for damages, even where they have been negligent, arising as a result of any course instruction given the applicant by the Snow Canyon Men's VB Summer Camp.

I/We being the parents and/or legal guardians of the applicant authorize the Snow Canyon Men's Volleyball ("Snow Canyon VBC"), Snow Canyon High School, Snow Canyon Middle School, Washington County School District, Southern Virginia University, Top Court Camp and their agent's permission to request emergency medical treatment or care as necessary to ensure the well-being of the participant. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Parent/Guardian Signature _____ Date _____

Insurance Policy Holder: _____

Insurance Company: _____

Policy/Group #: _____

Pre-existing medical conditions/ Allergies: _____

Register by May 25th!

Spaces will fill up quickly. There will be a maximum of 25 athletes.* Walk-in registration will be \$150.

Interested in attending?

Contact Coach Martinez-(808) 255-8484
donovan.martinez@washk12.org

*we will expand depending on coach availability