

2019 ARAPAHOE HS MAY MIDDLE SCHOOL AND FRESHMAN VOLLEYBALL CAMP

"WE OVER ME"

CAMP DATES: TUESDAY MAY 28TH, 2019, WEDNESDAY MAY 29TH, 2019, THURSDAY MAY 30TH, 2019

MIDDLE SCHOOL CAMP:

CAMP HOURS: 8:30 AM - 10:30 AM EACH DAY. CHECK IN 1ST DAY 8:00 AM - 8:20 AM. 2ND AND 3RD DAY BE DRESSED AND READY TO PLAY BY 8:20 AM.

WHO: **(STUDENTS GOING INTO GRADES 6, 7, 8 IN THE FALL OF 2019)**

COST: \$60.00 PER CAMPER

FEE DUE DATE: CAMP FEE IS DUE BY MONDAY MAY 21ST, 2019 (NO LATE FEES)

MAKE PAYMENT TO: ARAPAHOE VOLLEYBALL BOOSTER CLUB

PLEASE MAIL ENTRY FEES TO LARRY DEFFENBAUGH, HEAD VB COACH,

ARAPAHOE HIGH SCHOOL, 2201 E. DRY CREEK ROAD, CENTENNIAL, CO 80122

OR DROP OFF FORMS WITH PAYMENT AT THE MAIN OFFICE AND THE SECRETARY WILL PUT THEM IN MY MAILBOX.

FRESHMAN VOLLEYBALL CAMP:

CAMP HOURS: 11:30 AM - 1:30 PM EACH DAY. CHECK IN 1ST DAY 11:00 AM - 11:20 AM. 2ND AND 3RD DAY BE DRESSED AND READY TO PLAY BY 11:20 AM.

WHO: **(STUDENTS GOING INTO GRADE 9 AT ARAPAHOE HIGH SCHOOL IN THE FALL OF 2019)**

COST: \$60.00 PER CAMPER

FEE DUE DATE: CAMP FEE IS DUE BY MONDAY MAY 21ST, 2019 (NO LATE FEES)

MAKE PAYMENT TO: ARAPAHOE VOLLEYBALL BOOSTER CLUB

PLEASE MAIL ENTRY FEES TO LARRY DEFFENBAUGH, HEAD VB COACH,

ARAPAHOE HIGH SCHOOL, 2201 E. DRY CREEK ROAD, CENTENNIAL, CO 80122

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ARAPAHOE MS / FRESHMAN VOLLEYBALL CAMP (Please type or Print in Ink Only)

Player Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Street Address _____ City _____

Coach's Name _____

School _____

Grade Entering Next Fall _____

Payment of \$60.00 Has Been Paid in Full: YES _____ NO _____ CHECK # _____

MAKE PAYMENT TO: Arapahoe Volleyball Booster Club

T-SHIRT SIZE (PLEASE CIRCLE T-SHIRT SIZE) SMALL MEDIUM LARGE

I approve of my child's attendance at the Arapahoe Middle School/Freshman VB Camp 2019 and certify that my child is in good health and able to participate in the program's activities. I am _____/am not _____ (check one) attaching a note explaining special physical limitations and/or required medication, if any. I further release all clinicians, the Arapahoe HS Volleyball Coaches and the Littleton Public School System from all claims arising from any injuries or other liabilities, which may be sustained during participation in the camp. We understand that there is a risk of

(name of student) _____ being injured that is inherent in all sports. We realize the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death, and we release and discharge the Littleton Public Schools, all clinicians, the Arapahoe HS Volleyball Coaches and their agents, employees and directors, and the coaching and volunteer staff at Arapahoe High School and surrounding middle schools from any and all liability for such injury resulting, directly or indirectly, from such participation. We further recognize and agree that the Littleton Public Schools do not waive their defenses provided by the Colorado Governmental Immunity Act.

Parent/Guardian Signature _____ Date _____

Questions? PLEASE EMAIL Head Arapahoe Volleyball Coach Larry Deffenbaugh at ldeffenbaugh@lps.k12.co.us