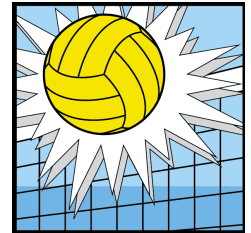




# Hopewell Township Parks and Recreation Department



## SUMMER VOLLEYBALL CAMPS

With the introduction of volleyball as an interscholastic sport at the middle school and high school levels, the Hopewell Township Recreation Department is pleased to offer these instructional camps for girls and boys to experience this fun and exciting sport and develop their skills!

### Session #1 - Girls Volleyball Camp -1 week

For girls entering grades 5<sup>th</sup> through 8<sup>th</sup>

June 25 – June 29 (Deadline 6/14)

Location: HV Central High School Main Gym

Mon. – Fri. mornings...9am to 12pm

Program Fee.....\$190/\$170 HT RES

### Session #2 - Boys Volleyball Camp -1 week

For boys entering grades 5<sup>th</sup> through 8<sup>th</sup>

July 16 – July 20 (Deadline 7/5)

Location: HV Central High School Main Gym

Mon. – Fri. mornings...9am to 12pm

Program Fee.....\$190/\$170 HT RES

TMS Coaches Lisa Strigel and Mark Chiu will lead these one-week camps for girls and boys who are entering 5<sup>th</sup> through 8<sup>th</sup> grade. The camp is designed to teach the game of volleyball in a relaxed and fun environment and it will focus on player development. All aspects of the game will be taught by these experienced coaches who are passionate about the game of volleyball. The camp will include basic skills such as passing, serving, setting, spiking approach, arm swing, rotation, and basic rules of the game. This camp will provide a positive environment so each camper will gain confidence as a volleyball player while improving their physical skills! The program may use lower net (per USA Volleyball guidelines) to enhance learning.



**\*Late Fee:** There will be a \$20 late fee assessed on all registrations accepted after the noted deadline.

**Note - HT RES** denotes discounted program fee for **Hopewell Township** residents.

**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPT.  
SUMMER VOLLEYBALL CAMPS REGISTRATION FORM - 2018**



**Participant Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, state, zip

**Primary Contact (Parent or Guardian):**

Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

**Emergency Contact (Parent, Guardian or Other):**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<u>Program</u>	<u>Grades</u>	<u>Dates</u>	<u>Days/Time</u>	<u>Program Fee</u>
<input type="checkbox"/> Girls Volleyball Camp	5-8	June 25-29 M-F <b>(Deadline 6/14)</b>	9am to 12pm	\$190 (\$170 HT Res*)
<input type="checkbox"/> Boys Volleyball Camp	5-8	July 16–July 20 M-F <b>(Deadline 7/5)</b>	9am to 12pm	\$190 (\$170 HT Res*)
<input type="checkbox"/> <b>Late Fee for registration accepted after deadline</b>			<b>\$20</b>	

\*HT Res – Denotes discounted program fee for Hopewell Township residents only)

*Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.*

**HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Soccer Academy program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

**Please be aware my child has the following medical conditions:**

\_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Refund Policy:** Registrants who withdraw prior to the start of a program may be issued a refund only if the HTPRD is notified in writing at least ten (10) working days prior to the event or start of the program. NO REFUNDS will be granted once a program has begun. A \$20 administrative service charge will be deducted from all refunds granted.

**Make checks payable and send to:**  
Amt. Remitted: \_\_\_\_\_  
Phone # (609) 737-3753

**HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.**  
201 Washington Crossing-Pennington Road  
Titusville, NJ 08560