



Holy Names Academy Cougar Volleyball Camp '10

Once again it is time to register for the annual HNA volleyball camp. Join Head Coach Brian Richards, along with members of the HNA coaching staff, varsity team, college coaches and players, and HNA alumnae this summer at Cougar Volleyball Camp '10. Camp is open to any young woman entering Grades 6 through 8 in 2010 *and* to any student starting Grade 9 at Holy Names Academy in the fall. Space is limited to the first 50 campers to register per session. Each camper will receive a Cougar Volleyball T-shirt.

The dates and times for camp are as follows:

Grades 6–8	Tuesday–Friday	July 27–30	8 a.m.–noon	at HNA	\$150
Grade 9 & Advanced	Tuesday–Friday	July 27–30	1–5 p.m.	at HNA	\$150
(open to 6th, 7th, or 8th graders with advanced volleyball skills)					

We, the staff of Cougar Volleyball Camp, will do our best to provide a positive and competitive learning experience for each camper. In return, it is expected that each camper will arrive on time each day with a positive and encouraging attitude—ready to listen, learn, and have fun!

Each camper should bring: Volleyball shoes
Snack, water bottle

Please return: The lower part of this **form**, a copy of your child's **health insurance card**, and your **check** (payable to Cougar Volleyball Camp).

Mail to: Holy Names Academy, 728—21st Ave. E., Seattle, WA 98112.
For further information: Please call the HNA Athletic Office at (206) 720-7831.

Registration form must be filled out completely before admission to camp.

No registrations will be accepted after Monday, July 12.

A \$75 check processing fee will be charged for all cancellations.

-detach here-

Cougar Volleyball Camp '10 Registration Form

T-Shirt Size (adult sizes) XS S M L XL

Student's Name _____ Grade in Fall _____ School in Fall _____

Address _____ Home Phone _____

Parent(s) Name(s) _____ Work Phone(s) _____

E-mail _____ Amount Enclosed _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Policy No. _____

******Please attach a copy of your child's/ward's current health insurance card.******

Please note any medical conditions/allergies/reactions we should be aware of:

RELINQUISHMENT OF CLAIMS AGAINST HOLY NAMES ACADEMY ONLY I/We recognize and acknowledge that there are risks in my/our daughter's/ward's presence and participation in the above-named school-related program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Holy Names Academy including any claims of negligence on its part or on that of its officers, agents, employees, representatives, or volunteers arising out of, or in connection with, the transportation to and/or from the event or any activity my/our child/ward participates in while attending the school-related program.

MEDICAL RELEASE My/our permission is hereby given to the school representative of Holy Names Academy to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving my/our daughter/ward named above.

Parent or Guardian signature required _____ **Date** _____