2015 VOLLEYBALL BOOT CAMP

This camp is for motivated, energetic and focused athletes 8th grade and older who want to get into the gym for 3 days and work hard!

The 2015 PC Volleyball Camp will be led by Head Coach and ASU Hall of Fame Outside Hitter Amanda Burbridge. Coach Burbridge will enter her 8th season with the Bears this fall and is offering a 3 day volleyball boot camp for the first time ever!

The camp invites all ability levels for 18 hours of instruction where each athlete will receive specific skill instruction as well as techniques for strategy and competition. Support staff is provided by current and former PC Women’s Volleyball Team members.

Camp Dates: 7/21-7/23 (Tuesday-Thursday)  
Times: 9-12pm & 1-4pm  
Cost: $185 (includes camp T-shirt).

Sign up today as the camp will be capped at 80 participants!  
Walk Ups will be accepted until the camp is full.

To Pre-Register and secure a spot in the 2015 PC Volleyball Boot Camp.  
Please detach registration form and waiver, and send with payment to:

Phoenix College Cashiers  
Women’s Volleyball  
1202 W Thomas Rd  
Phoenix, AZ 85013

**Make Checks Payable to Phoenix College Volleyball**  
Email any questions to: Amanda.liebermann@phoenixcollege.edu

Participant Name:__________________________________________

Grade: _____  Age: _______  High School Name:___________________________________________

Emergency Contact Name/Phone: ________________________________/________________________

E-mail:_____________________________________________________

Adult T-Shirt Size (Circle One):    S      M      L      XL
The Maricopa County Community College District is a public educational institution. References to College (“College”) include all of the Colleges within the Maricopa County Community College District (“MCCCD”), its officers, officials, employees, volunteers, students, agents, and assigns.

I ________________________, freely choose to participate in the (henceforth referred to as the “Program”) at Phoenix College. In consideration of my participation in this program, I agree as follows:

RISKS INVOLVED IN PROGRAM: Participation in all sports requires an acceptance of risk of injury, such as pre-season physical examinations, proper facilities maintenance, and instruction of correct sports technique, we attempt to provide a safe, competitive environment for all student athletes. In addition we have team physicians, (general practitioner and orthopedic specialist) and certified athletic trainers to assist you with injury prevention and treatment.

In spite of these efforts, injuries do occur. Athletic competition, by its very nature results in numerous uncontrollable situation where injuries cannot be avoided. As an athletic participant, there is always the possibility that you may sustain an injury. The injury may range from a minor one to one of great severity and which could result in deformity, paralysis, or even death.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that Phoenix College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the Maricopa County Community College District (MCCCD) and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend Phoenix College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any loses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form of to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant (and Parent/Guardian if under 18) Date

Signature of Parent or Legal Guardian (if participant is a minor) Date