Get a jump start on the 2014 volleyball season by joining the Richland High Volleyball teams and coaches at their annual RHS Summer Camp. Campers will have fun, meet other athletes and learn basic individual skills. Campers can expect to get many repetitions in passing, serving, hitting and setting under the supervision of the RHS Staff and returning players. Our goal as coaches is to make the camp a positive learning experience for all involved. Register by June 1st to ensure a spot in the camp and to guarantee a Bomber Volleyball t-shirt. (Late registration is accepted as long as there is room, but T-shirts are not guaranteed after June 1st.)

** Bring a water bottle, athletic shoes and knee pads.

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** 2014 REGISTRATION FORM  

CAMPER NAME: ________________________________

T-SHIRT SIZE: (CIRCLE ONE)  
YS  YM  YL  YXL  AS  AM  AL  AXL

GRADE FOR 2014 SCHOOL YEAR: ________________________________

PARENT NAME: ____________________________________________

PARENT CONTACT NUMBER: (in case of emergency) ______________

PARENT EMAIL: (for RHS VB news and updates) ______________

HEALTH INSURANCE CARRIER: ________________________________

PARENT/GUARDIAN SIGNATURE: ________________________________

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** LIABILITY RELEASE

I hereby authorize my child to participate in the 2014 RHS Bomber Volleyball camp, which is under the supervision of the RHS volleyball staff and players. I know of no mental or physical problems that may affect my child’s ability to participate safely. The camp staff is authorized to attend to any health problem or injury that may occur during my child’s participation in the camp. I understand that my child must be covered with current and active health insurance to participate in the camp.

There are some inherent risks associated with participation in sports. Neither I nor my child will hold Richland High School, the RHS staff, the Richland School District or the RSD staff liable for any injuries or expenses relating to injuries incurred while participating in the camp. I will also be responsible for any damages to school property caused by my child’s negligent action.

CAMPER NAME: ________________________________

PARENT SIGNATURE: ________________________________

DATE: ________________________________

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To ensure a spot in the camp, please complete and mail in the Registration/Liability Release, Concussion, and Anti Hazing forms, along with your payment (made payable to Richland School District) to:

Bob Raidl – Head Volleyball Coach
Richland High School
930 Long AVE
Richland, WA 99352