

Bigfoot Volleyball Kids Camp

Boys and girls currently in Kindergarten through 8th grade are invited to participate in the SFCC Bigfoot Volleyball Kids Camp to be held in the gymnasium at Spokane Falls Community College, 3410 W Fort George Wright Dr., Spokane, Washington. Camp will be held on June 2nd.

**SFCC BIGFOOT VOLLEYBALL KIDS CAMP
Spring, 2019**

(PLEASE PRINT CLEARLY)

Sessions

VENOM DISCOUNT

Session I	Sunday June 2, 2019	3:00-5:00 pm	\$30.00	\$25.00
Session II	Sunday June 2, 2019	5:30-7:30 pm	\$30.00	\$25.00
ALL SESSIONS	SUNDAY JUNE 2ND	3:00-7:30 pm	\$55.00	\$50.00

Camp includes the following:

T-Shirt, Prizes, and Giveaways

Cost

The cost of the camp is \$30 per session and \$55 per student for all sessions. You may pay by check, money order, debit card, VISA, MasterCard, Discover or cash. Make checks payable to SFCC.

T-shirts

** You must attend both sessions to receive a t-shirt

Please register early to ensure your spot! Only 70 spots available. Register by **Monday, May 27th**, to be guaranteed a correct shirt size. Sizes available are: youth small, medium, large and adult small, medium, large. Circle one size only on the registration form.

Staff

Camp staff includes the CCS Volleyball coaches, Jenni Hull, Kaela Straw, Ashley Seiler and Kaely Santos along with members of the 2018 CHAMPIONSHIP CCS Volleyball Team.

For Additional Information

Call Jenni Hull, Camp Director at (509) 533-3763 or e-mail

jenni.rosselli-hull@ccs.spokane.edu. **There are no refunds.**

Registration Procedures

Please register prior to the start date of camp. You will not be able to participate until you have paid and have a release form on file.

Mail-in or Walk-in Registrations

Jenni Hull, Head Volleyball Coach
SFCC Athletic Dept. * MS 3070
3410 W Fort George Wright Drive
Spokane, WA 99224

Phone & Fax

(509) 533-3763 Phone; (509) 533-4102 Fax

Scan & Email (PREFERRED METHOD)

Jenni.rosselli-hull@ccs.spokane.edu

Parking Permits are Required for this camp

NO PARKING PERMITS REQUIRED ON WEEKENDS.

Last Name _____ First Name _____ MI _____

Day Phone _____ Evening Phone _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Birthdate _____ Female Male

(XX-XX-XXXX) _____

Camp T-Shirts (Please circle one size only):					YS	YM	YL	AS	AM	AL	No Charge
Camp Session (Please circle the Item #(s) and total your fees below):											
Item #	Session	Date	Time	Course Title	Fee						
1	Session I	Sunday June 2nd, 2019	3:00-5:00 pm	Bigfoot Volleyball Kids Camp - \$30							
2	Session II	Sunday June 2nd, 2019	5:30-7:30 pm	Bigfoot Volleyball Kids Camp - \$30							
3	ALL SESSIONS	Sunday June 2 nd , 2019	3:00-7:30 pm	Bigfoot Volleyball Kids Camp - \$55							

Parent Signature _____ Date _____ TOTAL _____

Check/Money Order payable to SFCC Credit Card: Visa MasterCard Discover Cash

Card Number _____ ***V-Code _____

Name on Card _____ Expiration Date _____

Signature _____ Date _____

***Credit card information will be destroyed upon processing.

RELEASE FORM

Note: A parent's signature is required if participant is under 18 years old

This agreement must be signed by the participant's parent or legal guardian prior to the student's participation in the **SFCC Bigfoot Volleyball Kids Camp**. By my signature below, I hereby indicate that:

Participant's Name: _____

- 1. Permission to Participate.** I am the participant or parent/legal guardian and authorize myself or child to participate in the program listed above. I understand that participation is subject to the terms and conditions of this Release of Liability and Assumption of Risks form.
- 2. Assumption of Risk.** I acknowledge I am aware of the hazards and inherent risks connected with myself or my child's participation in the activity including, but not limited to, cuts, abrasions, bruises, strains, concussions or fractures to catastrophic injury, such as permanent paralysis, or even death, which are a part of the normal high risk potential associated with participation in the various physical activities involved with this activity.
- 3. Release of Liability.** In consideration of, and as a part of payment for, the right to participate I have and do hereby assume all the above-mentioned risks and any other risks reasonably arising from myself or my child's participation and will hold Community Colleges of Spokane, its Board of Trustees, its officials, employees, representatives, agents and assigns and the state of Washington, and their successors and assigns harmless from any and all liability, actions, causes of action, debts, claims, demands of every kind and nature whatsoever, which may arise of or in connection with, myself or my child's participation in any of the activities arranged by the Community Colleges of Spokane. The terms hereof shall be binding upon all my heirs, executors, administrators, and for all members of my family.

I, the undersigned, have read this Release of Liability and Assumption of Risks and understand its terms. I execute it as consideration and part payment for the right to participate in the program with full knowledge that by this document I have waived all legal rights that I would have otherwise been entitled to enforce.

Participant or Parent/Guardian's Signature Phone Number Date

Insurance Company Policy #

Emergency Contact Name Phone #

When the parent/emergency contact cannot be immediately contacted, Community Colleges of Spokane is authorized to contact the following:

Family Physician Physician's Phone #

List participant's Allergies: _____

SFCC Athletic Department

BIGFOOT VOLLEYBALL KIDS CAMP

Little Venom Discounts

SPRING SESSIONS, 2019



Community Colleges of Spokane
3410 W Fort George Wright Drive
Spokane, WA 99224-5288