



Volleyball Summer Camps are being offered to provide opportunity to work on volleyball skills and development as well as sportsmanship and camaraderie. Please bring water, kneepads, athletic clothing, and court shoes.

Summer Camp 1st Session – 6th to 8th graders

July 16-19 (M-Th)
9am to 12pm, Aux Gym

Summer Camp 2nd Session – 9th to 12th graders

July 16-19 (M-Th)
2pm to 5:30pm, Main Gym and Aux Gym

Contact Info: Coach Eric Unti
eunti@cv.k12.ca.us
(510) 301-2975

2018 REGISTRATION FORM

(Please Print Clearly)

Name (Last) _____

(First) _____

Email _____

Phone _____

Emergency Phone _____

Grade in School (Fall 2018) _____

Restrictions on Participation _____

Sign up for:

_____ CVHS Summer Camp – 6th to 8th graders
1st Session

_____ CVHS Summer Camp – 9th to 12th graders
2nd Session

Donation: \$100

**MUST HAVE THIS FORM COMPLETED AND
TURNED IN AT OR BY FIRST DAY OF CAMP.**



2018 PARENTAL RELEASE FORM

(Please Print Clearly)

This form must be completed in **FULL** including signature of Parent or Guardian and delivered with registration form. Campers **WILL NOT BE ALLOWED** to participate without the **COMPLETED** Parental Release Form.

I, _____ give
(Parent or Guardian)

permission for _____
(Name of Camper)

to attend and participate in the CVHS Volleyball Summer Camp.

I authorize the staff of CVHS Volleyball to use their best judgment in allowing my child to receive emergency/medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH WHEN ARRIVING AT THE GYM. THE DUTIES OF CVHS VOLLEYBALL PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT GYM WITH A PRE-EXISTING CONDITION.

I hereby:

1. Certify that, to the best of my knowledge, the medical information is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
3. Agree to not hold the staff responsible for any injury sustained during camp participation.
4. Agree not to bring suit against Castro Valley High School, the Castro Valley Unified School District, or its staff for any injury sustained.
5. Agree to allow the staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. Agree to accept any decisions by the camp staff in terminating attendance due to unacceptable behavior.

I, _____ can be reached by phone at:

(DAY) _____

(EVE) _____

Insurance Company: _____

Policy Number: _____

Policy Holder's Name: _____

(Signature of Parent or Guardian) (Date)

Please return this form by email and bring your donation to first day of camp:

Coach Eric Unti, eunti@cv.k12.ca.us

You can mail the form and donation to:

CVHS Women's Volleyball
Attn: Coach Eric Unti
19400 Santa Maria Ave
Castro Valley, CA 94546



CASTRO VALLEY
HIGH SCHOOL

**2018 GIRLS VOLLEYBALL
OPEN GYM**

The Castro Valley High School Volleyball Program will have Open Gyms before tryouts in early August. It is a time to meet fellow High School volleyball players, work on strength and conditioning, and focus on volleyball skills. Please bring water, kneepads, athletic clothing, and shoes.

It is for HIGH SCHOOL STUDENTS ONLY. It will be from 4pm to 7pm and held on:

- July 12
- July 26
- August 1
- August 2

Please return this form by email or at open gym.

We hope to see you. **GO TROJANS!**

Contact Information:
Coach Eric Unti
eunti@cv.k12.ca.us
510-301-2975

Changes to dates and times will be communicated by email.



Name (Last) _____
(First) _____
Email _____
Phone _____

2018 PARENTAL RELEASE FORM

(Please Print Clearly)

This form must be completed in **FULL** including signature of Parent or Guardian and delivered with registration form. Campers **WILL NOT BE ALLOWED** to participate without the **COMPLETED** Parental Release Form.

I, _____ give
(Parent or Guardian)

permission for _____
(Name of Camper)

to attend and participate in the CVHS Volleyball Open Gym and/or Summer League.

I authorize the staff of CVHS Volleyball to use their best judgment in allowing my child to receive emergency/medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH WHEN ARRIVING AT THE GYM. THE DUTIES OF CVHS VOLLEYBALL PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT GYM WITH A PRE-EXISTING CONDITION.

I hereby:

1. Certify that, to the best of my knowledge, the medical information is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
3. Agree to not hold the staff responsible for any injury sustained during camp participation.
4. Agree not to bring suit against Castro Valley High School, the Castro Valley Unified School District, or its staff for any injury sustained.
5. Agree to allow the staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. Agree to accept any decisions by the camp staff in terminating attendance due to unacceptable behavior.

I, _____ can be reached by phone at:

(DAY) _____

(EVE) _____

Insurance Company: _____

Policy Number: _____

Policy Holder's Name: _____

(Signature of Parent or Guardian)

(Date)