Central Carolina Community College Foundation Waiver

The undersigned hereby certifies that he/she is the parent/legal guardian of the camper and that he/she has no knowledge of any medical problem or physical impairment that will be affected by the camper’s participation in the youth volleyball camp. I hereby give permission to the camp staff to seek appropriate medical attention if unable to contact me during camp in the event of accident, injury or illness. I understand that participation in sports activities involves possible risks due to the nature of the activity and neither the trustees of CCCC nor any of the employees or agents assume responsibility for accident insurance coverage, medical bills and claims resulting from injury while participating in this sports camp. I understand and agree that the participant’s parents/legal guardian will be responsible to pay for necessary medical treatment not covered by personal insurance.

Further, in consideration of the applicants participating in CCCC youth volleyball camp, the undersigned does hereby release the Trustees of CCCC, its officers, representatives, staff and employees of and from all liability, claims, demands, actions, and alleged cause of action whatsoever, arising out of or related to any loss, damage or injury that may be sustained by the minor applicant and the undersigned while participating in said volleyball camp.

To the fullest extent permitted by law the undersigned agrees to hold harmless that Trustees of CCCC and its officials, employees, representatives and personnel against any and all claims, demands, suits or actions for damages which may be asserted against the said Trustees, its officials, employees, representatives and personnel by reason of any person injury, and/or property damage or loss which is sustained because of or which arises out of or is in any way connected with the youth volleyball camp.

__________________________________________________
Participant Name Printed

__________________________________________________
Parent/Guardian Name Printed

__________________________________________________
Parent/Guardian Signature and Date

BILL CARTER
Camp Director
billcarter@cccc.edu

VOLLEYBALL YOUTH CAMP
**COUGAR VOLLEYBALL CAMP**
(Rising 5th Grader's & Under)
Participants will receive detailed training in all basic aspects of the game of volleyball and fundamental volleyball skills. Each day will include team building activities as well as coordination and agility training.

**DATE:** Monday, July 15, 2019 through Friday, July 19, 2019
**REGISTRATION FEE:** $50 (T-shirt included)
**REGISTRATION/CHECK-IN:** 7:30 a.m.
**SESSIONS:** 8:00 a.m. – 12:00 p.m.

**COUGAR VOLLEYBALL TRAINING WORKOUTS**
(Rising 9th Grade to Rising College Freshmen)
Participants will receive a 30 minute Strength & Agility session with 90 minutes of volleyball play to include some drills, a lot of competitive games but mostly 6 v 6 competition directed by the college staff.

**DATE:** Monday, July 15, 2019 through Friday, July 19, 2019
**REGISTRATION FEE:** $25 (T-shirt included)
**REGISTRATION/CHECK-IN:** 2:30 p.m.
**SESSIONS:** 3:00 p.m. – 5:00 p.m.

**COUGAR VOLLEYBALL CAMP**
(Rising 6th Grade to Rising 8th Grade)
Participants will receive advanced volleyball instruction in the primary areas of serving, attacking, setting, digging, passing and Blocking. This camp will provide skill building drills but will focus on competitive games and 6 v 6 competition. Each day will include team building activities as well as coordination and agility training.

**DATE:** Monday, July 15, 2019 through Friday, July 19, 2019
**REGISTRATION FEE:** $50 (T-shirt included)
**REGISTRATION/CHECK-IN:** 11:30 a.m.
**SESSIONS:** 2:30 p.m. – 4:30 p.m.

For more information, email Bill Carter at billcarter@cccc.edu

*Designed and facilitated by Bill Carter, Head Volleyball Coach, and coaching assistants*

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**Camp Registration Form**

Name: _____________________________________________
Address: ___________________________________________
_____________________________________________
City: ______________________________ Zip: _____________
Phone Number: ____________________________________
Email: _____________________________________________
Parent Cell Phone Number: _________________________
School attending in Fall 2019: _______________________

Return this form and payment to:
Attn: CCCC Foundation
Central Carolina Community College
1105 Kely Drive, Sanford, NC 27330