



# Cozad High School Summer Volleyball Camp -2018-



## Coaching Staff

Neleigh Niles

Stephanie Rush

Hannah Gilg

Tuesday July 17th through Thursday July 19th  
Elementary Athletes (1<sup>st</sup> - 5<sup>th</sup>) 10:00 am – 11:30 am/\$30  
Middle School Athletes (6<sup>th</sup> - 8<sup>th</sup>) 1:00 pm – 3:00pm/\$35  
High School Athletes (9<sup>th</sup> - 12<sup>th</sup>) 3:30 pm – 6:00 pm/\$40

Registration and money due June 15<sup>th</sup>

**‘A”ohe hana nui ke alu ‘ia’  
“No task is too big when done together by all’**

Topics To Be Covered

Individual Skills

Fundamentals

Serving, Passing, Setting

Hitting, Blocking, Digging

Team Skills

Offensive and Defensive Strategies

Being an Excellent Teammate

CAMP T-SHIRT & PRIZES

PLEASE TURN IN INFORMATION BELOW & WAIVER AND RELEASE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Grade (Entering Fall 18/19) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Youth T-Shirt Size \_\_\_\_\_

OR

Adult T-Shirt Size \_\_\_\_\_

\*Make Checks payable to Cozad Community Schools/Memo Volleyball Camp

\*Take registration and \$ to Cozad High School Office or send to

Neleigh Niles

1800 W 24<sup>th</sup> St

Cozad, NE 69130

If you have any questions, please email Coach Niles at [hallnn@lopers.unk.edu](mailto:hallnn@lopers.unk.edu) or  
call at (308) 390-7082

**Waiver and Release Form for Summer Camp**

**Liability Release and Parental Consent Form**

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Cozad Community Schools Athletics, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

**Parental Consent** (Complete if applicant is under 18) I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

**Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Cozad Community Schools Athletics will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.**

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Parent/Guardian Signature	Print Name	Date
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Player Signature	Print Name	Date
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