Belt Middle School Volleyball Camp

July 29th-30th, 2020

4:00pm-6:00pm
$15.00

July 29th- 30th, 2020

3:45pm: Health Screening

4:00pm: Warm up and Stretch

* Instruct correct form for passing, setting and serving
* Volleyball drills/games to focus on correct form
* 3 on 3, 6 on 6 games
* Fun while playing games and building good volleyball habits

We would like to introduce Volleyball to our younger athletes, while reintroducing correct form and technique to our returning players. While camp is only two days, we are going to be working on forming good habits to carry into the season for each player.

Our main goal is for everyone to learn, have fun and be active!

Please come ready to play, we will NOT provide any volleyball gear.

Camp shirts sizes will be taken the first day of camp. Please be sure to bring payment to ensure your t-shirt is ordered. Shirts will be handed out to campers on the first day of practice.

Please make checks out to Belt Valley Volleyball $15.00

Parents please be sure to pick up your campers at 6:00pm, as we will finish camp at 5:55pm.

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (to receive Volleyball related emails): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Belt Volleyball Camp**

 I grant permission for my daughter to participate in the Belt Volleyball Camp. I hereby give my permission for emergency treatment in the case of an accident or illness. By signing this, I consent to not hold the coaches, coaching staff or Belt School responsible or liable for any injury or accidents.

Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact information:

Name & Telephone

Name & Telephone

SCHOOL EVENT AND FACILITY NOTICE: COACHES AND PLAYERS

Belt School District has taken the precautionary measures adopted by the Board of Trustees, provided by the Governor of Montana, and directed by the Cascade County Health Department to protect against the possible spread of COVID-19 and related illnesses. These measures include but are not limited to cleaning and disinfecting protocols, physical distancing guidance, limitations on the number of people present for events, and use of personal protective equipment. There are no assurances these measures will prevent the spread of COVID-19 or related illnesses at this event or at this facility.  By voluntarily entering this event or facility, attendees are acknowledging their specific awareness and knowledge that there are inherent risks of exposure at public gatherings and public facilities. These inherent risks that attendees specifically acknowledge include but are not limited to: injury; illness; hospitalization, chronic health issues arising out of COVID-19, quarantines of an unknown duration to be determined by governing authorities and death. Attendees acknowledge vulnerable individuals as defined by the Centers for Disease Control are at greater risk of serious complications from exposure.  Attendees are advised to comply with physical distancing limits consisting of a minimum of 6 feet of distance from others at all times and are further advised to consider the use of masks/face coverings while on school property and to use personal hand sanitizer before, during and after an event.  Attendees confirm that they have reviewed, thoroughly understand and agree to comply with all guidance for the phased reopening of Montana issued by the Montana Governor’s Office. All School District Policies are in effect when attending this school event or otherwise accessing this facility. Any negligence arising out of your access to this facility or attendance at a school event shall be attributed to you as comparative negligence within the meaning of Section 27-1-702, MCA.

*Students Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parents Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID-19 Mayo Clinic Self-Assessment Tool**

This tool will help you assess your symptoms and determine if you're a good candidate for a coronavirus disease 2019 (COVID-19) test in your home community. It also offers guidance on when to seek medical care and what to do in the meantime. This information is based on Centers for Disease Control and Prevention (CDC) guidelines and Mayo Clinic expert opinion. Information applies only to people currently in the United States.

 1. This tool is not meant to take the place of consultation with your health care provider or to diagnose or treat conditions. If you're in an emergency medical situation, call 911 or your local emergency number.

2. Information about COVID-19 is constantly changing. And the level of COVID-19 activity varies by community, as does the availability of testing. For current updates on COVID-19 and details on testing and other health measures in your state, check with your local public health agency and visit the CDC website at cdc.gov

\* Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

**CIRCLE ONE**

YES NO

**\* In the last 48 hours, have you had any of the following NEW symptoms?**

Check all that apply

 \_\_\_\_\_\_ Fever of 100.5 F (38 C) or above, or possible fever symptoms like alternating chills

\_\_\_\_\_\_ Cough

\_\_\_\_\_\_ Trouble breathing, shortness of breath or severe wheezing

 \_\_\_\_\_\_ Chills or repeated shaking with chills

\_\_\_\_\_\_ Muscle aches

\_\_\_\_\_\_ Sore throat

 \_\_\_\_\_\_ Loss of smell or taste, or a change in taste

\_\_\_\_\_\_ Nausea vomiting or diarrhea

 \_\_\_\_\_\_ Headache

\_\_\_\_\_\_ None of the above

If you answer “No” and “None of the Above,” then Mayo Clinic says your answers indicate that you do not have any symptoms that currently suggest the need for COVID-19 testing. If you answered anything other than “No,” or “None of the Above” you are unable to attend Camp today.

I hereby acknowledge that I am the parent and/or legal guardian of the child referenced above, that I have read and understood the terms, conditions and information provided in this Sheet, and that I agree to meet all of my responsibilities and my child’s responsibilities, as set forth herein.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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