

Queen Elizabeth Summer Volleyball Camp

August 18 - 22, 2008
For any player entering grades 7 - 12
9:00am- 12:00pm

Our Philosophy: Involvement in athletics is an integral part of the development of the whole person. Athletics allow student athletes to experience and develop life skills such as teamwork, self discipline, sportsmanship, a positive work ethic, and communication. Our camps focus on the above while working on conditioning, fundamentals, team play and having fun!



Instructors: Queen Elizabeth Volleyball coach Lisa Beebe and more.

Pre-registration Information:

1. Before June 13th the fee \$50 per player.
After June 13th the fee is \$60 per player.
(Please make cheques payable to Queen Elizabeth High School)
Fee includes: 15 hours of instruction, sports bag, accessories plus 2 days of Beach Volleyball experience.
2. Completed application form and Student Athlete Participation Form (attached)
3. Confirmation will be given after receipt of the application form, student athlete participation form and fee. Register early as there is a limited number of spots available.
4. Refunds. Full refund with a minimum 2 week notice. There will be no refunds given once the camp begins.

Avoid missing out on this awesome experience. Register early as space is limited
For more information contact Murray.Smith@epsb.ca

Registration Form for the Knights Summer Volleyball Camp August 18 - 22, 2008

Name: _____ **Current Grade:** _____

Current School: _____ **E-mail:** _____

Home Address: _____ **Postal Code:** _____

Home Phone: _____ **Fee before June 13th :** _____ **Fee after June 13th :** _____
(Individual \$50) (Individual \$60)

Please indicate Volleyball Experience:

**** Mail to: Queen Elizabeth High School, Attention Murray Smith, 9425-132Ave, Edmonton T5E 0Y4**

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Student Athlete Participation Form



NAME: _____

ADDRESS: _____ DATE OF BIRTH: _____

POSTAL CODE: _____ HEIGHT: _____

PHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY PHONE #: _____

A.H.C.# _____

SPECIFIC SPORT EXPERIENCE: _____

MEDICAL INFORMATION

	YES	NO	DETAILS
1. Head injury or concussion			
2. Bone or joint disorders, fractures, dislocation, trick joints, arthritis, back pain, etc.			
3. Eye or ear problems (disease or surgery)			
4. Dizzy spells, fainting, or convulsions			
5. Surgery or advised to have surgery			
6. Medication taken regularly			
7. Allergies or breathing problems			
8. Other illness, injury not mentioned above			

Date: _____

Participant's Signature: _____

Parent/Guardian Signature: _____

Please answer these questions truthfully. This information will remain confidential and will only be used in case of emergency. Thank you for your co-operation.

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