



# Volleyball Camp



The San Bernardino Valley College Women's Volleyball team is currently accepting registrations for their 2009 Summer Volleyball Camp.

Head Coach Tricia Rossman and her staff will provide detailed instruction and fundamental skills development in all facets of the game

## Location

San Bernardino Valley College (WG-Gym)

**July 13th-23rd 2009, (2 weeks)**

**Monday-Thursday**

**9:00am-11:30am**

**Cost: \$175**

**August 3rd-6th, (1 week)**

**Monday-Thursday**

**5:30pm-8:00pm**

**Cost: \$100**

Please fill out the information, detach and mail to the address below!

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

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

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

School Attending: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

**SBVC Women's Volleyball  
Attn: Tricia Rossman  
701 S. Mount Vernon Avenue  
San Bernardino, CA 92410**

For more information contact Head Volleyball Coach Tricia Rossman at (909) 384-8508 or email at [rossman@valleycollege.edu](mailto:rossman@valleycollege.edu)

**\*ALL PROCEEDS GO TOWARDS THE SBVC WOMEN'S VOLLEYBALL PROGRAM**

# San Bernardino Community College District

## For the San Bernardino Valley College Campus

### Parental Permission & Release of Liability

#### Parental Permission:

I hereby give my child/ward (name) \_\_\_\_\_ permission to participate in the **SBVC Volleyball Camp** sponsored by San Bernardino Valley College Physical Education Division.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or guardian)

#### Release of Liability:

I agree to assume full responsibility, liability, and risk for myself and/or my child, not San Bernardino Community College District, San Bernardino Valley College, or any other coaches or sponsors for any injuries that may occur to myself and/or my child/ward as the result of participating in this **SBVC Volleyball Camp**.

I understand and agree that myself and/or my child/ward must follow the instruction given by the instructors and participants must follow the rules and regulations of the instructors. I hereby confirm myself and/or my child's/ward's physical fitness and ability to participate in this **SBVC Volleyball Camp**.

I hereby acknowledge my child has voluntarily chosen to attend **SBVC Volleyball Camp**. The SAN BERNARDINO COMMUNITY COLLEGE DISTRICT EXPERIENCE, among other things, includes \_\_\_\_\_. These activities involve certain risks of injury which are acknowledged and assumed.

In consideration for the SAN BERNARDINO COMMUNITY COLLEGE DISTRICT allowing my child to participate in **SBVC Volleyball Camp**, I voluntarily agree to release, discharge and Hold harmless the SAN BERNARDINO COMMUNITY COLLEGE DISTRICT from any and all claims of liability arising out of their negligence, fault recklessness or any other act of omission which causes my child any illness, injury, disease, death and damages, of any nature, and in any way connected with his/her participation in **SBVC Volleyball Camp** and the activities at SAN BERNARDINO COMMUNITY COLLEGE DISTRICT'S SAN BERNARDINO VALLEY COLLEGE CAMPUS.

I hereby agree to save and hold harmless SAN BERNARDINO COMMUNITY COLLEGE DISTRICT and its department, agencies, officers or employees from all sums which SAN BERNARDINO COMMUNITY COLLEGE DISTRICT or any of its departments, agencies, officers, or employees may be obligated to pay by reason of any liability imposed on them for damages arising out of the performance of the services rendered by SAN BERNARDINO COMMUNITY COLLEGE DISTRICT and cause by any error, omission or act of myself or any person employed by me or any others for whose acts that myself is legally liable. Said sums shall include, in the event of legal action, court costs, expenses of litigation and reasonable attorney's fees.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Participant)