

**Bigfoot Volleyball Kids Camp**

Boys and girls currently in Kindergarten through 8<sup>th</sup> grade are invited to participate in the SFCC Bigfoot Volleyball Kids Camp to be held in the gymnasium at Spokane Falls Community College, 3410 W Fort George Wright Dr., Spokane, Washington. Camp will be held on 4 dates in February and March.

**Sessions**

Session I	Monday, February 25 <sup>th</sup> , 2019	5:30-7:30 pm	\$15.00
Session II	Tuesday, February 26 <sup>th</sup> , 2019	5:30-7:30 pm	\$15.00
Session III	Monday, March 4 <sup>th</sup> , 2019	5:30-7:30 pm	\$15.00
Session IV	Tuesday, March 5 <sup>th</sup> , 2019	5:30-7:30 pm	\$15.00
<b>ALL SESSIONS</b>	<b>Feb 25<sup>th</sup> &amp; 26<sup>th</sup> and Mar 4 &amp; 5th</b>	<b>5:30-7:30 pm</b>	<b>\$50.00</b>

**Camp includes the following:**

T-Shirt, Prizes, and Giveaways

**Cost**

The cost of the camp is \$15 per session and \$50 per student for all sessions. You may pay by check, money order, debit card, VISA, MasterCard, Discover or cash. Make checks payable to SFCC.

**T-shirts**

Please register early to ensure your spot! Register by Wednesday, February 20<sup>th</sup> to be guaranteed a correct shirt size. Sizes available are: youth small, medium, large and adult small, medium, large. Circle one size only on the registration form.

**Staff**

Camp staff includes the CCS Volleyball coaches, Jenni Hull and Kaela Straw along with members of the CCS Volleyball Team.

**For Additional Information**

Call Jenni Hull, Camp Director at (509) 533-3763 or e-mail [jenni.rosselli-hull@ccs.spokane.edu](mailto:jenni.rosselli-hull@ccs.spokane.edu). **There are no refunds.**

**Registration Procedures**

Please register prior to the start date of camp. You will not be able to participate until you have paid and have a release form on file.

**Mail-in or Walk-in Registrations**

Jenni Hull, Head Volleyball Coach  
SFCC Athletic Dept. \* MS 3070  
3410 W Fort George Wright Drive  
Spokane, WA 99224

**Phone & Fax**

(509) 533-3763 Phone; (509) 533-4102 Fax

**Parking Permits are Required for this camp**

A campus parking pass can be bought for \$3.00 at the parking Kiosks each night.

**SFCC BIGFOOT VOLLEYBALL KIDS CAMP**

**Winter, 2019**

(PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_

(XX-XX-XXXX) \_\_\_\_\_  Female  Male SID/SSN \_\_\_\_\_

<b>Camp T-Shirts (Please circle one size only):</b> YS YM YL AS AM AL					No Charge
<b>Camp Session (Please circle the Item #(s) and total your fees below):</b>					
Item #	Session	Date	Time	Course Title	Fee
1	Session I	Monday, February 25 <sup>th</sup> , 2019	5:30-7:30 pm	Bigfoot Volleyball Kids Camp - \$15	
2	Session II	Tuesday, February 26 <sup>th</sup> , 2019	5:30-7:30 pm	Bigfoot Volleyball Kids Camp - \$15	
3	Session III	Monday, March 4 <sup>th</sup> , 2019	5:30-7:30 pm	Bigfoot Volleyball Kids Camp - \$15	
4	Session IV	Tuesday, March 5 <sup>th</sup> , 2019	5:30-7:30 pm	Bigfoot Volleyball Kids Camp - \$15	
5	ALL SESSIONS	Feb 25, 26 & Mar 4, 5th	5:30-7:30 pm	Bigfoot Volleyball Kids Camp - \$50	

NOTE: QUARTERLY PARKING PERMITS CAN BE PURCHASED FROM THE CASHIER'S OFFICE IN BUILDINGS 17 SUB & 27 MAGNUSON. DAY PASSES ARE PURCHASED FROM THE KIOSK.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ TOTAL \_\_\_\_\_

Check/Money Order payable to SFCC Credit Card:  Visa  MasterCard  Discover  Cash

Card Number \_\_\_\_\_ \*\*\*V-Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

\*\*\*Credit card information will be destroyed upon processing.

## RELEASE FORM

**Note:** A parent's signature is required if participant is under 18 years old

This agreement must be signed by the participant's parent or legal guardian prior to the student's participation in the **SFCC Bigfoot Volleyball Kids Camp**. By my signature below, I hereby indicate that:

Participant's Name: \_\_\_\_\_

- 1. Permission to Participate.** I am the participant or parent/legal guardian and authorize myself or child to participate in the program listed above. I understand that participation is subject to the terms and conditions of this Release of Liability and Assumption of Risks form.
- 2. Assumption of Risk.** I acknowledge I am aware of the hazards and inherent risks connected with myself or my child's participation in the activity including, but not limited to, cuts, abrasions, bruises, strains, concussions or fractures to catastrophic injury, such as permanent paralysis, or even death, which are a part of the normal high risk potential associated with participation in the various physical activities involved with this activity.
- 3. Release of Liability.** In consideration of, and as a part of payment for, the right to participate I have and do hereby assume all the above-mentioned risks and any other risks reasonably arising from myself or my child's participation and will hold Community Colleges of Spokane, its Board of Trustees, its officials, employees, representatives, agents and assigns and the state of Washington, and their successors and assigns harmless from any and all liability, actions, causes of action, debts, claims, demands of every kind and nature whatsoever, which may arise of or in connection with, myself or my child's participation in any of the activities arranged by the Community Colleges of Spokane. The terms hereof shall be binding upon all my heirs, executors, administrators, and for all members of my family.

*I, the undersigned, have read this Release of Liability and Assumption of Risks and understand its terms. I execute it as consideration and part payment for the right to participate in the program with full knowledge that by this document I have waived all legal rights that I would have otherwise been entitled to enforce.*

\_\_\_\_\_  
Participant or Parent/Guardian's Signature      Phone Number      Date

\_\_\_\_\_  
Insurance Company      Policy #

\_\_\_\_\_  
Emergency Contact Name      Phone #

When the parent/emergency contact cannot be immediately contacted, Community Colleges of Spokane is authorized to contact the following:

\_\_\_\_\_  
Family Physician      Physician's Phone #

List participant's Allergies: \_\_\_\_\_  
\_\_\_\_\_

## SFCC Athletic Department

# BIGFOOT VOLLEYBALL KIDS CAMP

WINTER SESSIONS, 2019



**Community Colleges of Spokane**  
3410 W Fort George Wright Drive  
Spokane, WA 99224-5288