



Deer Valley
Unified School District

**O'Connor High School
2020 Community Schools
Girls Volleyball Camp**



VOLLEYBALL

**The OC Coaching Staff is excited to announce the Annual
O'Connor Girls Summer Camp for Summer 2020!**

Serving: Float, Jump Float, and Top Spin

Passing: Platform Techniques and Angles, Overhead Passing

Setting: Technical Training and Types of Sets

Attacking: Footwork, Timing, and Arm Swing

Blocking: Types of Blocking, Footwork and Hand Placement

Defense: Explanation of Defense and Digging

Offense: Types of Offense, 6-2, 5-1

Youth Camp

5th-8th Grade

July 27th-30th

12pm-2pm

\$125/player

High School Camp

9th-12th Grade

July 27th-30th

2:30pm-5pm

\$145/player

Must email Coach Kyle to confirm your participation at
occonnorvolleyball@gmail.com Registration is important to ensure
we have enough camp shirts for everyone

Waiver and Payment will be collected on first day of camp. Cash or
check (with phone number), checks payable to: OCVB CS Camp

All camp participants **MUST** complete the District Athletic Packet,
Physical, and the AIA Academy Brainbook in order to participate in
camp. Visit aiaacademy.org for Brainbook course.



DEER VALLEY
Unified School District

20402 N. 15th Ave.
Phoenix, AZ 85027
623.445.5000 Phone
623.445.5086 Fax
www.dvusd.org

DVUSD Athletics Off Season Practices, Camps & Clinics Waiver Form

Date: _____ School: _____

Student Name: _____

Activity: _____

By my signature below, I, as parent or legal guardian of the student named above (“the Student”), am confirming that I understand and agree to the following terms of participation for the Student to attend all DVUSD Athletics Off Season Practices, Camps and Clinics (“Clinic”) and participate in the activity (“the Activity”) noted above.

Parent’s Informed Consent/Release and Discharge of Liability

- I am providing my informed consent for the Student to participate in the Clinic and the Activity.
- I have been informed of the nature of the activities to be conducted and am aware of the hazards and risks that may be associated with the Student’s participation in the Clinic and Activity, including potential risks of bodily injury, death or damage to property which may occur from known or unknown causes. I have been made aware of the hazards associated with athletic activities and nonetheless am providing my permission for the Student to participate in the Activity. **I agree to accept these risks as a condition of my child’s participation in this program.**
- **I hereby release and discharge employees, agents, instructors, coaches, volunteers and directors of the Clinic from any and all liability, claims, or causes of action resulting in any kind of damages, illnesses, injuries, to the Student in any way relating to or arising out of the Clinic or Activity, or in any way related to its premises, including travel to and from the location of the Clinic or Activity. I have had sufficient time to review and seek explanation of the provision contained herein, have carefully read them, understand them fully and agree to be bound by them.**

Parent’s Consent for Emergency Care for Student and Responsibility for Costs of Care

- I authorize District personnel, Clinic personnel, emergency medical providers, licensed health care providers, medical doctors and hospital personnel to obtain and/or provide emergency medical aid, treatment, or care to the Student in the event the Student is injured or ill while participating in the Clinic or Activity.

I understand and agree that I am responsible for payment of any and all costs incurred for the emergency care and treatment of the Student. Payment of health care expenses is not a District responsibility.

Parent Print Name: _____

SUPERINTENDENT
Curtis Finch, PhD

GOVERNING BOARD
Kimberly K. Fisher, MAFM
Jenny Frank
Ann O’Brien
Ann Elizabeth Ordway
Darcy Tweedy

Graduating lifelong learners who will successfully compete, lead, and positively impact the world.