Consent to Medical Treatment

In partial consideration of our child's acceptance into the Cy Springs Volleyball Camp, I/we as parents and/or legal guardians of _______ do hereby agree

to limit liability of CFISD, Jocelyn Adams, Latoya Terry, the Cy Springs Volleyball Camp, Cy Springs HS, and the camps' staff and trainers, to the coverage of the excess medical insurance policy covering participants in the Cy Springs Volleyball Camp. I/we further agree to waive all liability of CFISD, Jocelyn Adams, Latoya Terrythe Cy Springs Volleyball Camp, Cy Springs HS, and the camps' staff and trainers, for any accident, injury, illness or other mishap which might befall the above-named camper while traveling to or from, or during her attendance at the Cv Springs Volleyball Camp, which is not covered by the campus excess medical insurance policy. I/we also expressly waive and release CFISD, Jocelyn Adams, Latoya Terry, the Cy Springs Volleyball Camp, Cy Springs HS, and the camps' staff and trainers from all class and/or causes of action including but not limited to any claims for the NEGLIGENCE OF CFISD, JOCELYN ADAMS, LATOYA TERRY, THE CY SPRINGS VOLLEYBALL CAMP, CY SPRINGS HS, CAMPS STAFF, THE CAMPS' EMPLOYEES AND/OR REPRESENTA-TIVES.

Further, I/we grant permission to the staff and trainers of Cy Springs HS any medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment. I have read and I understand the camp program and consent to the above statement.

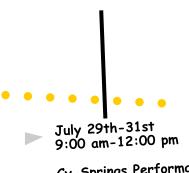
PARENT/GUARDIAN SIGNATURE

EMERGENCY CONTACT NUMBER

INSURANCE COMPANY AND POLICY NUMBER



CY-SPRINGS VOLLEYBALL 2024 TEAM CAMP/ 9H - 1 2TH GRADE ZONED TO CYPRESS SPRINGS



Cy-Springs Performance Gym Phone:(281) 345-3190 ext. Athletics

About our Camp and Staff

LaToya Terry began her coaching career under the instruction and lead of Debbie Sokol in 2004. She is a Master Coach and Trainer with over 20 years of club volleyball, high school volleyball and high school team camp training experience including stints with Texas Southern University, Alabama State University, University of Houston, Houston Baptist University, Midwestern State University, TAMUK, Pearland High School, Sam Houston High School, Westfield High School, Episcopal High School, Porter High School, Katy Taylor High School, Club Texas, South Shore Juniors, Texas Select, Texas Tornados VBC and Houston Juniors VBC.

Her specializations include, but not limited to developing middle blockers and pin hitters, team systems, team defense, individual defense, serve receive, and setting.

*Extensive Camp Instruction

* Every athlete will be coached to her strengths

* Tournament play on the last day of camp

Camp Events

Camp Features>>>

- Camp is open to girls 9th to 12th Grade -Cy Springs High School Volleyball
- Expert Instruction
- The camp is designed for athletes focusing on advanced and position skills of the game. Athletes will be drilled in all facets of the game. (Passing, setting, attacking, blocking, serving and individual defense). Basic offensive and defensive systems will be introduced through team play.
- What to Wear- athletic clothing, athletic tennis shoes, and knee pads

Camp Session & Fees

Team Camp 9th—12th grade(July 29th - 31st * 9:00 a.m.-12:00 p.m.

Camp Fee: \$85.00 Per Camper/ CASH ONLY

camp Application
(Please Print)
Name:
Age: Grade
School:
Home Address:
City Zip
Parent/Guardian
Home Phone
Work Phone
Cell

Camp Application

Adult Shirt Size (circle one): S M L XL

Email Address

WHAT TO BRING: 2024-2025 physical (you will NOT be allowed to participate without it), this permission slip, water, snack and CASH ONLY PAYMENT.

If you have any questions, please contact: Head Volleyball Coach- JOCELYN ADAMS Jocelyn.adams@cfisd.net or 281-345-3000 ext. 3190- Athletic Office