



## All Skills Volleyball Camp 7th-12th

**Camp Start Date:** June 22, 2023

**Start Time:** 2:00:00 PM

**Camp End Date:** June 23, 2023

**End Time:** 7:00:00 PM

**Date Details:** Thursday 6/22 & Friday 6/23 with a mid-day lunch break

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**Venue Name:** Victory Gym

**Venue Address:** 2216 NW Military Hwy, San Antonio, TX 78213

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**Camp Cost:** \$200.00

**Questions:** Brittany Larew [blarew@castlehills.school](mailto:blarew@castlehills.school) (210) 878 - 1090

**Special Notes:**

Your athletes will be taught by 2 Collegiate level Volleyball All Star players from Texas Tech & UTSA. This is an exciting 2 day camp where drills and skills will be coached to maximize and enhance all current CHS Volleyball players. All athletes should plan to wear knee pads and volleyball or athletic shoes. A refillable water bottle and nutritious lunch should be brought each day. A commemorative t-shirt for this camp will be given to each camper that attends. Once registration is completed-there will not be refunds for registration fees.

**Medical Info:**

The Christian School at Castle Hills Summer Camp Release I give my permission for my child to participate in the CHS summer activity camp. Campers will be accompanied by a teacher or coach and will be under adequate supervision. Although the school desires to provide a safe and enjoyable time for all campers, accidents can still happen. In consideration of my child being allowed to participate in this camp, I/we assume responsibility for those ordinary and reasonable risks associated with the activities. I/we agree to indemnify and hold harmless, save and protect The Christian School at Castle Hills (CHS), San Antonio, Texas, its trustees, officers, employees, agents, volunteers, students, successors and assigns from and against all claims, demands, actions, suits, liabilities, losses, damages, costs, judgments and claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force. In case of an accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. I/we acknowledge that CHS reserves the right to decline my child's participation in applicable activities if I/we decline to agree with any portion of this Summer Camp Release.