

MEDICAL RELEASE

Name of Camp Participant

Insurance Company

Name of Policy Holder

Policy Number

I verify that my student athlete has been checked by a licensed physician and is physically able to participate in the Pride Volleyball Camp. I hereby agree and promise that I will not hold Pride Volleyball Camp nor its employees responsible for any loss, damages or personal injury received as a result of participation. I hereby authorize the directors of the Pride Volleyball Camp to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume costs related to such treatment. I waive and release any and all rights and claims for damages I have against Pride Volleyball Camp or its representatives for damages which may be sustained by me while at or traveling to and from camp.

Parent/Guardian Signature



Mountain Pointe

Pride Girls'



Volleyball Camp

2010

Home of the Pride

V Pride Volleyball Camp Staff

Mountain Pointe Head
Girls' & Boys' Varsity Coach

Fred Mann

5A Boys State Champions: 2009,
2008, 2003, 2002, 2000, 1999, 1996

5A Girls State Champions 2001

Additional Coaches Include:

Brian WagnerPepperdine

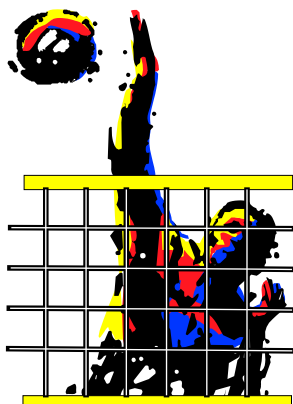
Jesse Kipp.....Cal Berkley

Ashley Kastl..... ASU

Teddy Liles..... Long Beach

Brandon BarnaCal Baptist

Casey Estes New York University



For Grades 7-12

Learn new skills or take
your game to the next level.

Dates: Monday – Friday
August 2nd – August 6th

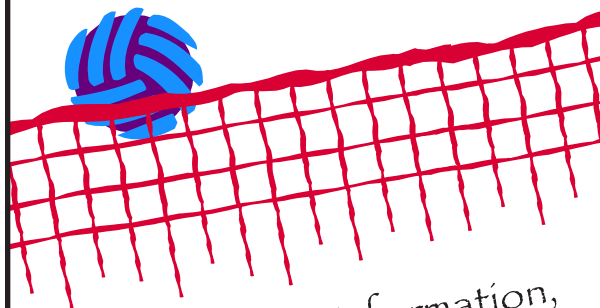
Time: 2:00 – 5:00 PM

Place: Mt. Pointe High School
Gymnasium

Cost: \$100
\$110 day of camp

Space is limited ~ Register now!

Camp is designed to teach fundamentals
and teamwork as well as an enjoyment
and respect for the sport of volleyball.



For more information,
call Coach Mann
at (480) 329-6662.

PRIDE GIRLS' VOLLEYBALL CAMP Registration Form

Name of Participant _____ Age _____

Address _____

City _____ Zip _____

Home Phone # / Parent Work Phone _____

Name of Parent/Guardian _____

Parent email address _____

T-shirt size: (Adult)

S M L XL XXL

Send payment and registration form to:

Fred Mann
2198 E. Glacier Place
Chandler, AZ 85249

Make checks payable to Fred Mann.