

HLHF Bulldogs



Junior Volleyball Camp 2020

July 6th & 7th

Humphrey Public Gym

Cost: \$15

Grades 2nd – 5th from 12:00-2:00 PM

Grades 6th – 8th from 2:00-4:00 PM

The Lady Bulldog individual camp is designed to teach players the latest volleyball skills and techniques. The camp's goal is to meet the needs of each individual camper, while also developing as a group and team. Players will be exposed to extensive coverage of basic skills, drills, tactics and offensive and defensive play. This camp is designed to give campers a competitive opportunity to develop the fundamental, positional, and specialty skills of volleyball.

I hereby authorize the staff of the HLHF Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp for any injuries or illnesses incurred while at the camp. Also provided is the information on our COVID19 procedures.

Lady Bulldogs Volleyball Camp Registration Form

Name: _____ Address: _____

Grade next year: _____ Phone: _____ Emergency Phone #: _____

T-Shirt Size: Circle/highlight/bold desired size

Youth: Small (depends on fit of design) / Medium / Large

Adult: Small / Medium / Large / X-Large / XX-Large

*Please, make checks payable to **HUMPHREY PUBLIC SCHOOL**. Register by mail, phone, or email.

Gymnasium - Volleyball, Cross Country, Cheerleading/Spirit Squad Basketball Workouts

1. Students will enter the school on the north side using the (MARKED) door by Mrs. Hanzel's office.
2. Students will be screened either outside the designated-marked door or immediately upon entering the gym due to weather conditions. Whenever possible, Humphrey Public will screen outside the facility.
 - o Each student athlete and coach/sponsor WILL be screened every day.
3. Students exit back through the same door they entered and are asked to exit the parking lot immediately after their workout/camp.
4. Follow the Process/Protocol below.

Humphrey Public will FOLLOW the same Process/Protocol when screening students regardless of the Sport.

- Cones may be set up outside the entrance doorway for students to stand by maintaining 6 feet social distance. A specific entry/exit door will be identified and communicated to student groups prior to arrival. Students will be called in one by one to have their temperature checked with the infrared thermometer and temperatures documented.
 - o If the temperature is above 99.5, we will take it again 1-2 minutes later. If the temperature is decreasing and under ideal temperatures, allow entry. If it is still above 99.5, they will be asked to go home. Retake no more than two times.
 - o If the temperature is 100.4 or higher, the student will be sent home, parents will be contacted and encouraged to consult their family physician based on guidelines from the East Central Health District.
 - o All responses and temperature within range will be documented.
- Students will be asked three essential questions.
 - o Have you knowingly been in contact with Covid-19?
 - o Have you or anyone in your family been ill/sick recently?
 - o Have you traveled outside the United States in the last 14 days?
- If the answer is YES to contact or travel:
 - o The student athlete will be instructed to return home and the parents will be contacted. The student will not be allowed to return for 14 days.
 - o Parents will be encouraged to contact their health department for directions and follow up with their coach/sponsor.
- Students will also be asked if they are experiencing any of the following symptoms:
 - o Cough
 - o Shortness of breath or difficulty breathing
 - o Muscle pain not due to physical activity
 - o Sore throat
 - o New loss of taste or smell
 - o New headache, or consistent headache
- If the answer is YES to any of the symptoms
 - o The parents will be asked to contact their healthcare provider. The student may not be allowed to return until after being released from the healthcare provider.
 - o Parents will be encouraged to contact their health department for directions and follow up with their coach/sponsor.
- Siblings of the symptomatic student will follow the same recommendations as symptomatic students.
- After the screening process is completed, students will be asked to wash their hands. Hand sanitizer stations will also be available.

LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

I represent that I am a legal, responsible adult. I represent and warrant that I am signing this document on behalf of myself and my child/children as to any facility usage on School District property to include, but not limited to, the classroom or other summer school facility. I am fully aware of the risks and dangers of such entry and usage. I understand that my student's/students' participation in summer school is voluntary, at my and my child's/children's own risk, and that the School District is not responsible in any manner for my or my child's/children's usage or any personal injury or property damage to me or my children as a result of the usage of any such facility. I further understand that I am solely responsible for any personal injury or property damage caused by me or my child/children as a result of the usage of any such facility. I acknowledge that I have been advised that I may elect not to send my child/children to voluntary summer school if I am not willing to assume these risks. I further acknowledge that, in the middle of a global pandemic, there is a serious risk that, by using the facility, I or my child/children could contract a dangerous virus or other health condition and that I accept this risk and nonetheless voluntarily choose to allow my child/children to attend the facility.

In consideration of my child/children being allowed usage of any School District property or facility during the COVID-19 pandemic and for other good and valuable consideration, receipt of which is hereby acknowledged, on behalf of myself, my child/children and all others who may claim by, under, or through myself, I do hereby agree to indemnify and hold harmless and do hereby release, acquit, and forever discharge the School District and all of its officers, employees, agents and assigns, and all other persons or companies from any and all claims, actions, or causes of action which I or my child/children now have, or which may hereafter accrue, whether for personal injury or property damage, whether known or unknown, arising out of or in any way resulting from my and/or my child's/children's usage of any School District property or facility during the COVID-19 pandemic, including the summer months of 2020.

I understand and agree that my signature below represents a signature on behalf of myself and each child or children of mine.

Signature of each Parent or Guardian:

Date of Signature

Name of each Child:

