

Girls Volleyball Camp 2024

with Coach Begeman



CAMP DATES / TIMES
MONDAY THROUGH THURSDAY

July 22 - July 25

9:00 am to 12:00 pm

Camper grades: Rising 5th – Rising 8th

Palmer Catholic Academy Summer Girls Volleyball Camp

Campers will work on:

- volleyball fundamentals
- advanced serving techniques
- volley drills
- defensive concepts
- offensive skills
- team building through scrimmages and other activities

Campers **MUST** have a completed Catholic Schools Physical on file at PCA to participate. FORMS available at www.pcapvb.org



Cost per camper: \$250

Make checks payable to:

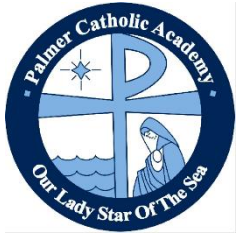
Palmer Catholic Academy



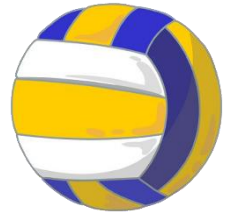
**SPOTS ARE LIMITED! SIGN UP
SOON TO SECURE A SPOT!**

Please bring plenty of water
and a snack each day.





CAMP REGISTRATION



CAMP NAME: PCA Girls Volleyball Camp

\$250 per week, per camper

Campers Name(s)/Ages: _____

Contact Information:

Parent's Name(s): _____

Daytime Phone(s): _____

Other phone(s): _____

E-mail(s): _____

Emergency Contact: _____

Phone Number: _____

Please list any known allergies or anything we should know about your camper(s):

Please make checks payable to Palmer Catholic Academy

For Office Use Only

Total amount due: \$ _____

Check #: _____

Date Paid: _____



CATHOLIC GRADE SCHOOL SPORTS CONFERENCE STUDENT ATHLETIC PARTICIPATION APPLICATION

This form is effective from the date indicated on the form, until the end of the current school year. This form must be on file in the School office prior to any student participating in either tryouts or appropriate athletic practice or competition.

Student's Last Name First Middle Initial Application Date

This application to compete in interscholastic athletics for _____ School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations. _____

Signature of Student

Parent or Guardian's permission: I hereby give my consent for the above student to engage in school approved athletic activities as a representative of his/her school. I agree to allow the above-named student to be a passenger in a privately operated vehicle to and from athletic events. I hereby release and discharge the Diocese of St. Augustine, Bishop Erik T. Pohlmeier, _____ School, its agents and employees from liability growing out of personal injuries and property damage resulting or occurring during transport to and from said activity.

Date _____ Signature of Parent or Guardian _____

Street Address _____ City _____ Zip _____ Tel. # _____

The patient and others, whose signatures appear below, do hereby consent to any and all medical, dental and surgical treatments including anesthesia and operations, which may be deemed advisable by his/her physicians and surgeons as a result of his/her participation in athletic activities. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable and necessary. This form will be used only in case of emergencies and after every reasonable effort is made to contact parents/guardians prior to admitting the patient for necessary treatment. Consent is also given for release of information for insurance purposes, and I submit authorization for responsible third party to pay directly to the treating hospital, insurance benefits due me for services rendered.

HIPPA Consent/Authorization: I hereby authorize the physicians, athletic trainers, sports medicine staff and other health-care personnel representing Jacksonville Orthopedic Institute to release information regarding my student athlete's protected health information and regarding any injury or illness during training for and participation in athletics at _____ School. This information is only to be used for the betterment of the student athlete and can only be shared with a coach, athletic director, or school official in connection with participation in interscholastic sports. This protected health information may concern the student athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected information may be released to other health care providers, hospital and/or medical athlete's participation in _____ School athletics.

SIGNATURES (both required):

Minor Patient _____ Parent or Guardian _____

Address (if different) _____

Family Physician _____ Emergency Tel. # _____

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We/ I the parent(s) of _____ do hereby acknowledge that we/ I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of _____ that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in the sport of _____. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/ I give our/my consent to _____ to participate in the sport of _____.

Witnesses _____ Signature of Parent/Guardian _____

_____ Date _____

A. _____ Physical exam forms must be on file with the school before tryouts/practice.

B. _____ Medical history on reverse side must be completed by parent or guardian.



CATHOLIC GRADE SCHOOL SPORTS CONFERENCE
MEDICAL HISTORY SHEET

STUDENT'S NAME: _____ DOB: _____

CIRCLE YES OR NO (FURTHER DESCRIBE YES ANSWER TO THE RIGHT)

- YES NO HISTORY OF HIGH BLOOD PRESSURE _____
- YES NO HISTORY OF HEART OR BLOOD VESSEL DISEASE _____
- YES NO LIVER OR KIDNEY PROBLEMS _____
- YES NO PREVIOUS STROKES - C.V.A. _____
- YES NO DIABETES _____
- YES NO EPILEPSY _____
- YES NO RESPIRATORY DIFFICULTIES _____
- YES NO BROKEN BONES _____
- YES NO SENSORY DISTURBANCES _____
- YES NO ARTHRITIS OR JOINT PROBLEMS _____
- YES NO SPECIAL DIET RESTRICTIONS _____
- YES NO PRESENTLY HAVE ANY METAL IMPLANTS _____
- YES NO PRESENTLY HAVE A PACEMAKER _____
- YES NO ANY PRESENT VISUAL PROBLEMS _____
- YES NO ANY PRESENT HEARING PROBLEMS (HEARING AID) _____
- YES NO ANY UNUSAL REACTION TO HEAT OR COLD _____
- YES NO ANY ALLERGIES _____
- YES NO CONCUSSIONS (LIST DATES) _____

LIST CURRENT MEDICATIONS _____

LIST PREVIOUS MAJOR HOSPITALIZATION/SURGERIES _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PHYSICAL EXAM BY PHYSICAN

Height (inches) _____	Weight (pounds) _____
Blood Pressure _____	Pulse _____
Vision _____	Contacts/glasses _____

WNL ABN	WNL ABN
HEENT _____	ANKLE _____
NECK _____	ALIGNMENT _____
LUNGS _____	STABILITY _____
HEART _____	FEET _____
ABDOMEN _____	KNEE _____
GENITALS _____	MCL _____
SKIN _____	LCL _____
NECK _____	ACL _____
SPINE _____	PCL _____
SHOULDER _____	MENISCUS _____
STABILITY _____	PATELLA _____
IMPINGEMENT _____	PAIN _____
ELBOW _____	APPREHENSION _____
WRIST _____	CREPITATION _____
HAND _____	FUNCTIONAL TEST _____
HIP _____	ONE LEG HOP _____
	FULL SQUATS _____

NEEDS FURTHER EVALUATION YES NO
CLEARED FOR PARTICIPATION YES NO

COMMENTS: _____

PHYSICIAN'S/NURSE PRACTICER'S/PHYSICIAN'S ASSISTANT'S SIGNATURE _____ DATE _____