



NORTH IDAHO COLLEGE

After School Volleyball Program

Feb. 8 through April 25

Wednesdays, 4-5 p.m. or 5-6 p.m.

North Idaho College, Christianson Gym

4th to 8th grade

\$10 for each one
hour session

Each Wednesday is considered a session

\$15 for both one hour
sessions together

Each Wednesday is considered a session

Led by SWAC Coach of the Year Kandice Kelly, assistant coaches, and players of the NIC volleyball team, who won the conference championship this season and placed ninth in the nation.

For information contact:

Kandice Kelly

(406) 860-3096

kkelly@nic.edu

Linda Hall

(406) 360-0514

lrhall@nic.edu

Registration Form

Please bring a completed registration form and waiver to each session your child is attending. The fee is due at the time of registration. Extra registration forms are available at the gym or www.nic.edu/athletics.

_____ **Session 1: 4-5 p.m./\$10** _____ **Session 2: 5-6 p.m. /\$10** _____ **Sessions 1 and 2: \$15**

Name _____ **Email** _____

Address _____ **City, State** _____ **Zip** _____

School _____ **Spring 2012 Grade** _____

Parent Name(s) _____ **Home/Cell Phone** _____

Medical Release

To participate in the 2012 North Idaho College After School Volleyball Camp you must have been approved for athletic participation by a doctor within the last year. Also, you must be covered by current medical insurance and have a completed and signed medical release sent in.

Medical Insurance Company _____ **Subscriber's Name** _____

Policy/Group/ID Numbers _____ **Doctor's Name** _____

Phone Number _____

Allergies, medications, conditions, limitations, etc _____

I hereby authorize participation in the 2012 North Idaho College After School Volleyball Camp. I know of no physical, mental, emotional, or behavioral problems which may affect my daughter's ability to safely participate. The camp staff is authorized to attend to any health problem or injury my daughter may incur while attending camp.

I understand that my daughter must have current and active medical insurance before she may attend camp and hereby confirm that she does. Neither I nor my daughter will hold North Idaho College, NIC Volleyball Camps, NIC Volleyball Program, Kandice Kelly, or any other employee liable for any injuries/illnesses or expenses relating to injuries/illnesses sustained while my daughter is at camp.

Date & Signature of Parent or Guardian

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