



Volleyball Development Camp Registration

For: Small Group Specialized Training for Females of All Ages *up to 4 participants per session*

Dates: August 18th – 21st, 2025

Times: please select one

- ☐ Monday at 9:30am
- ☐ Monday at 10:30am
- ☐ Monday at 11:30am

- ☐ Tuesday at 9:30am
- ☐ Tuesday at 10:30am
- ☐ Tuesday at 11:30am

- ☐ Wednesday at 9:30am
- ☐ Wednesday at 10:30am
- ☐ Wednesday at 11:30am

- ☐ Thursday at 9:30am
- ☐ Thursday at 10:30am
- ☐ Thursday at 11:30am

Where: Assiniboine College Gymnasium

Cost: \$100 per hour session

Please register under the following name : _____

For: Female Grades 4, 5 and 6

Dates: August 22nd, 2025

Times: please select

- ☐ August 22nd, Friday – 10am – 12pm and 1-3pm

Where: Assiniboine College Gymnasium

Cost: \$60 per session

For: Skill and Position Specific Training – Female All Ages

Dates: August 18th – 21st, 2025 from 1:00pm to 3:30pm

Times: please select

- ☐ August 18th, Monday – Serve and serve receive
- ☐ August 19th, Tuesday – Setters/Setting and second ball contact
- ☐ August 20th, Wednesday – Liberos and defence
- ☐ August 21st, Thursday – Attacking and spiking

Where: Assiniboine College Gymnasium

Cost: \$50 a day per athlete

For: All-Inclusive Female Grade 7-12

This is intended for those serious about volleyball to advance their game to the next level.

Includes: On-court skills sessions, sport specific strength and conditioning, classroom sessions and video analysis

Dates: August 25th – 29th, 2025

Times: please select one

- ☐ Grades 7-9 (9am - 12pm)
- ☐ Grades 10-12 (1pm - 4pm)

Where: Assiniboine College Gymnasium

Cost: \$300 per athlete

Please download and complete the full registration form, then scan and email to
wvolleyball@assiniboine.net

Payment can be made by e-transfer to the above email
If cheques are required they can be sent to Assiniboine College, Attn Cougars Athletic Department
Please make cheques out to Cougars Volleyball
Memo: Volleyball Camp
1430 Victoria Ave E, Brandon, MB R7A 2A9

Athlete Information:

Athlete Name: First _____ Last _____

Entering Grade: _____

School: _____

Birthdate: Month _____ Day _____ Year _____

Street Address/PO Box: _____

City: _____

Postal Code: _____

Email Address: _____

Parent/Guardian Info:

Parent/Guardian Name: First _____ Last _____

Phone Number: _____

Street Address/PO Box: _____

City: _____

Postal Code: _____

Email Address: _____

Emergency Contact Information:

Same as Parent/Guardian Contact Info? Yes _____ *No _____

*Please complete the following:

Emergency Contact's Name: First _____ Last _____

Relationship to Athlete: _____

Phone Number: _____

Alternate Phone Number: _____

Important Information:

Does the athlete have any allergies, illness, or medical condition that the athletic staff should be made aware of? If yes, please explain:

Is the athlete prescribed an inhaler? If yes, please explain any instructions:

To be read and signed by the Student Athlete and the Parent /Legal Guardian if the Student Athlete is under 18 years old.

ACKNOWLEDGMENT OF RISKS AND WAIVER OF CLAIMS

I understand, recognize, and acknowledge that participating in any sport or physical activity can be dangerous and can involve many risks of serious injury. I acknowledge that it is my responsibility to understand and obey instructions and rules for any sport or other physical activity or use of equipment, and to seek help from the coaching and other staff if I have questions. I understand that, notwithstanding precautions taken by AC, however, there are risks of serious injury and/or death.

I am voluntarily participating in sports and using equipment while at AC with knowledge of the dangers and risks involved. I hereby assume and accept any and all risks associated with my participation in sports at AC (whether at AC's athletic facilities or elsewhere).

In consideration of being presented an opportunity to participate in sports and other physical activities at AC and to use associated equipment, I do hereby release, hold harmless, and forever discharge and agree not to sue Trustees of AC and its trustees, officers, agents, volunteers and employees from and for any and all claims, responsibilities, liabilities, demands, damages and causes of action of any nature whatsoever for, on account of, or by reason of my participation in sports or other physical activities at AC (whether at AC athletic facilities or elsewhere), whether or not caused by the ordinary negligence of AC.

I have read and understand this document, and I voluntarily agree to be bound by it.

Signature of Student Athlete

Date (DD/MM/YYYY)

Signature of Parent/Guardian

Date (DD/MM/YYYY)

Name of Parent/Legal Guardian (PRINT)