

**HALL OF FAME COACH STEVE ANDERSON'S**  
**2022 SAND VOLLEYBALL SUMMER CAMP SERIES**  
**ABC'S OF VOLLEYBALL**  
for Girls and Boys

**Dates:** July 11th, 12th, & 13th, (*Mon, Tue & Wed Morning*)

**Times:** 9 AM - 11:00 AM

**Location:** Steve Anderson's Outpost Sand Volleyball & Event Center  
3602 N. Grape Road  
Mishawaka, IN 46545

**Who should attend this camp?**

**Girls and Boys:** 9, 10, 11, & 12 year olds: Beginning Club players.

**Camp Description:** A camp for the beginners: 3rd, 4th, 5th & 6th graders

Kids will enjoy this class designed for the beginners learning the correct skills: passing, setting, and serving This camp will prepare players for their School season & Club players for their winter season.

**INSTRUCTIONS TO ATTEND**

1. COMPLETE THE REGISTRATION BELOW
2. PRINT AND MAIL YOUR COMPLETED REGISTRATION AND \$85.00 CHECK TO:

*Steve Anderson VB Camps*  
*702 W. Lawrence St. Unit 206*  
*Mishawaka, IN 46545*

3. WALK-UP REGISTRATIONS BEGIN AT 8:30 AM ON MONDAY JULY 11TH

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**PLEASE TEAR OFF AND RETURN WITH THE \$85.00 PAYMENT TO THE ADDRESS ABOVE**

**CAMPER REGISTRATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CAMPER EMAIL: \_\_\_\_\_ CAMPER PHONE: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ PARENT PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE(FALL OF 2022): \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ (YOUTH S M L) (ADULT S M L XL)

# OUTPOST BEACH CLUB, LLC LIABILITY WAIVER

Participants under 18 **must have a parent or guardian complete this form** on the participants behalf.

NAME OF PARTICIPANT: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

CELL PHONE OF EMERGENCY CONTACT: \_\_\_\_\_

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As the Participant named or as the Parent or Guardian of the participant above, I give my permission to participate in sand volleyball activity, training or competition at Steve Anderson's Outpost Sand Court complex on Grape Road. I approve the supervisors who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described herein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FOR MYSELF OR AS THE CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF THE PARTICIPANT NAMED ABOVE, I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE THE OUTPOST BEACH CLUB, LLC, STEVE ANDERSON, AND ANY OF ITS AGENTS OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "OUTPOST BEACH CLUB") FROM ALL CLAIMS ARISING OUT OF OR CONNECTION WITH PARTICIPATION IN THIS CAMP. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.