



COACH K'S
VOLLEYBALL KRAZE
2024

Please make checks to:

Erin Keffeler

Contact Info:

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zootown@gwpetrol.com

Venmo @Erin-Keffeler

Coach K's Volleyball Kraze 2024

Dates: July 22nd – July 24th

Location: Hellgate High School

Cost: \$85 before July 15th or \$100 after July 15th

AM Session

Entering Grades: 4th through 8th

Time: 9:00 AM – 12:00 PM

PM Session

Entering Grades: 9th through 12th

Time: 1:00 PM – 4:30 PM

Coaching Staff

Erin Keffeler

Hellgate Varsity Volleyball

6 years MVA Coach

Lady Griz Volleyball Alumni

Faith Bauer

Hellgate JV coach

6 years MVA Coach

Former player UGF

Libby Schneider

Years of Playing & Coaching

Former Hellgate Varsity & JV Coach

Zootown Volleyball Club

Lee Borkholder

3 years Club Coach

Hamilton JV Coach

Volleyball Enthusiast

Other Coaches TBD

Registration (PLEASE PRINT)

Mail cash or check to 3400 Jack Drive Missoula MT 59803

Name: _____ **Address:** _____

Parent Name / Phone Number: _____ **Shirt Size:** _____

Signing up for – (circle choice & write grade for Fall 2024)

grades are for 2022-2023 school year

AM Session (4-8): _____

PM Session (9-12): _____

Grade in Fall '24: _____

Grade in Fall '24: _____

Please rank yourself on skill level to help us best form teams and groups for camp (1 = most advanced, 5 = beginner) _____

Medical Info

Note any medical problems including allergies:

Any medications:

In case of an emergency during camp, please notify:

Relationship: _____ Phone number: _____

Consent and Release Statement:

I, the undersigned, hereby grant permission for my daughter to participate in "Coach K's Volleyball Kraze" at Hellgate High School. I understand that every effort will be made to contact the parents or guardian in an emergency situation. In the event that a guardian cannot be contacted, I hereby grant permission for my daughter to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by a licensed medical personnel. I relieve "Coach K's Volleyball Kraze", and Hellgate High School of all consequences that may arise as a result of treatment. The sport of Volleyball inherently has risks and I understand that my daughter may be injured during the camp. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for such injuries.

Participant Signature: _____ Parent Signature: _____ Date: _____