

Black Hills Juniors Youth Academy



The Black Hills Juniors Academy is a developmental program for Kindergarten to 5th grade boys and girls. Our fall Academy will run 3 weeks and offer skills training to all levels, positions, and abilities. Our focus during the K-2nd grade years is teaching participants basic athletic movements (running, jumping, throwing, etc.) while introducing fundamental volleyball skills. As we work our way up in age, our focus becomes on developing higher-level skills and volleyball strategies. Our goal is to have players come through our program understanding the basic game of volleyball and most importantly, to have fun!



DATES: September 21st, 28th and October 5th

TIMES: K-2nd Grade 6:00 - 7:00pm; 3rd-5th Grade 7:00 - 8:15pm

LOCATION: Black Hills Works Gym, 3603 Range Road, Rapid City, SD 57702

COSTS: K-2nd Grade - \$40.00; 3rd-5th Grade - \$50.00 (Academy space is limited; please register right away to secure your spot - no walk-ins please)

Participant Name _____ Participant DOB _____ Age _____

School Attending _____ Current Grade _____

Parent/Guardian Name _____

Parent/Guardian Email _____ Parent/Guardian Phone _____

Emergency Contact Name & Phone _____

To register for the BHJ Youth Academy, please fill out the registration information above, read the academy procedures, fill out, and sign the waiver on the back, and mail with a check made out to Black Hills Juniors to the address below:

Sarah Tucker, 997 Red Cloud Court, Box Elder, SD 57719

Questions can be address to Sarah Tucker at 605.430.1962, email sarahktucker@hotmail.com or Lori Whiting at 605.484.4625, kwhiting949@rap.midco.net

Black Hills Juniors Youth Academy Procedures

1. All participants will be required to wear masks upon entry and exit of the academy.
2. All participants will have their temperature checked upon arrival to the academy.
3. If your participant can answer YES to any of the following questions the day before the academy, we ask you do not participate:
 - a. Are you, or is anyone in you have come in contact with been ill with flu-like symptoms or have been diagnosed with the flu?
 - b. Have you, or has anyone in you have come in contact with had a fever in the last 24 hours?
 - c. Have you, or anyone in you've come in contact with traveled to a high-risk area for Coronavirus transmission?
 - d. Have you, or has anyone in you have come in contact with been diagnosed with, or exposed to coronavirus?
4. All participants must practice social distancing when not participating actively in the academy.
5. All participants will need to bring a full water bottle.
6. Hand sanitizer will be available and hand washing will be encouraged.
7. If parents/spectators must stay, we prefer you stay in your vehicle or you wear a mask and social distance while inside Black Hills Works.
8. Participants must immediately depart the court and building after the academy is complete.

Black Hills Juniors Youth Academy Waiver

The undersigned parent or natural/legal guardian does hereby acknowledge that he/she is aware of the dangers involved in his/her daughter/son participating in the BHJ Youth Academy at Black Hills Works.

Said undersigned parent or natural/legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

- a. waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, Black Hills Works, and the Academy Coaching Staff.
- b. indemnify and hold harmless Black Hills Works and the Academy Coaching Staff from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this academy.
- c. acknowledge that the participant is attending the volleyball clinic voluntarily and all risks from injury or the COVID-19 virus have been made clear and the participant does not have any pre-existing conditions that will increase the likelihood of injuries or illnesses.

The undersigned further consents to and authorizes medical treatment to the participant which may be deemed advisable in the event of injury, accident or illness during this clinic.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge I have read and understand the above Academy Procedures and Waiver.

Participant Name _____ DOB _____

Participants Parent/Guardian Insurance Company _____

Group # _____ Policy # _____

Insurance Holder Signature _____ Date _____

Parent/Guardian Signature _____ Date _____