



Volleyball

Skills Camp Registration

Form



First Name: _____ Last Name: _____

Shirt Size: YS YM YL S M L XL 2XL 3XL Grade: _____ Years Played: _____

Are you signed up for the Fall Volleyball Season? _____

EMERGENCY CONTACT:

Name: _____ Phone #: (_____) _____ - _____

Name: _____ Phone #: (_____) _____ - _____

Email: _____

Medical Release

I hereby give permission for my child to participate in planned skills camp activities. I agree not to hold the YMCA or its staff (professional or volunteer) responsible for injuries sustained by my child while participating in Camp. If I am not available in the event that my child needs medical attention, I hereby give my permission to the YMCA staff or any competent medical authority to render such attention. I accept full financial responsibility for any medical attention or treatment administered to my child in connection with the YMCA camp activities. I carry medical Insurance on my child and will provide the YMCA with that information or I pay independently for medical treatment & care. I fully understand the inherent risks involved in activities my child will be choosing or has already chosen. I accept all risks including those activities preliminary and subsequent to the chosen activities.

Media Release

Photos, film footage or tape recording of my child may be used for publicity.

Parent/Guardian Signature _____ Date _____ / _____ / _____