Volleyball Skills Camp Registration Form

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First Name:	Last Name:	_ First Name:	Last Na	ame:		
Grade: Years Played:		Grade:	Grade: Years Played:			
Playing in Rec. League: YES NO		Playing in Rec. League: YES NO				
<u>EMI</u>	ERGENCY CONTACT:	<u>EME</u>	RGENCY CONT	ACT:		
Name:	Phone #: ()	Name:	Phone #: ()		
Name:	Phone #: ()	Name:	Phone #: ()		
Email:		Email:				
not to hold the YMCA or injuries sustained by my owhen my child needs medor any qualified medical aresponsibility for any medithe YMCA camp activities the YMCA with that informindependently. I fully under child will be choosing or his	Medical Release o participate in planned skills camp activities. I agree ts staff (professional or volunteer) responsible for any child while participating in Camp. If I am unavailable dical attention, I give my permission to the YMCA staff uthority to provide such help. I accept full financial ical attention or treatment given to my child related to i. I have medical insurance for my child and will provid mation, or I will pay for medical treatment and care erstand the inherent risks involved in the activities my has already chosen. I accept all risks, including those ry and post-activity involvement.	not to hold the YMCA or its injuries sustained by my check when my child needs medion any qualified medical at responsibility for any medithe YMCA camp activities. the YMCA with that inform independently. I fully unde child will be choosing or has	Medical Release participate in planned skills s staff (professional or volun hild while participating in Cal cal attention, I give my pern atthority to provide such help cal attention or treatment giv I have medical insurance for ation, or I will pay for medical restand the inherent risks involve as already chosen. I accept a y and post-activity involvement	teer) resp mp. If I am nission to . I accept ven to my or my child al treatme olved in th all risks, ir	consible for any n unavailable the YMCA staff full financial child related to d and will provident and care ne activities my	
Media Release Photos, film footage, or recordings of my child may be used for publicity purposes.		Media Release Photos, film footage, or recordings of my child may be used for publicity purposes.				
		Parent/Guardian Signature _		Date	<u> </u>	
Parent/Guardian Signature _	Date/					