

Volleyball Skills Camp Registration Form

First Name: _____ Last Name: _____

Grade: _____ Years Played: _____

Playing in Rec. League: YES NO

EMERGENCY CONTACT:

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

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

Email: _____

Medical Release

I hereby permit my child to participate in planned skills camp activities. I agree not to hold the YMCA or its staff (professional or volunteer) responsible for any injuries sustained by my child while participating in Camp. If I am unavailable when my child needs medical attention, I give my permission to the YMCA staff or any qualified medical authority to provide such help. I accept full financial responsibility for any medical attention or treatment given to my child related to the YMCA camp activities. I have medical insurance for my child and will provide the YMCA with that information, or I will pay for medical treatment and care independently. I fully understand the inherent risks involved in the activities my child will be choosing or has already chosen. I accept all risks, including those associated with preliminary and post-activity involvement.

Media Release

Photos, film footage, or recordings of my child may be used for publicity purposes.

Parent/Guardian Signature _____ Date ____/____/____

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