



*my*camp volleyball form
Camper Registration

High School _____

Camper's Name _____

Age _____ Grade next year _____ Height _____

T-shirt size: (circle one) XL L M S

Address _____

City/State/Zip _____

Primary contact: Relationship: _____

Day ph: _____ Home: _____ Other ph: _____

e-mail _____

Emergency contact (other): Phone: _____

Date of most recent tetanus immunization: _____

Special Instructions(Medical conditions, allergies, etc.):



High School _____

CAMPER NAME (LAST): _____ (FIRST): _____

(Please print neatly)

CAMP(S) ENROLLED IN:(circle one) Summer Camp Winter Clinic

1. I wish to register my minor child named above and consent to my child's participation in *mycamp* volleyball on this date _____.
2. I understand that children registered for Home Court Advantage sports camps will receive instruction in the basic principles of the sport(s) of their choice(s) and will spend a significant amount of time practicing and performing sporting techniques and performing a variety of enrichment techniques under the supervision of experienced instructors, and I consent to my child's participation in this program.
3. I recognize that participation in recreational and instructional activities, even when well supervised and managed, pose a risk of physical injury to my child. These risks include, but are not limited to: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Additional risks include, but are not limited to:
 - a) Being hit or struck by sports equipment (including, but not limited to volleyball, bat, ball, stick, club, racquet, puck, helmet).
 - b) Being hit, struck, physically challenged or collision with other School participants.
 - c) Collision with camp facilities (floor, pole, nets, goal, backboard, ground, pool, diving board, mat).
 - d) Immersion in water (drowning).

I agree to assume such a risk on behalf of my child

4. I understand that *mycamp* does not provide any accident or medical insurance and that I am required to provide it for my child, and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. NOTE: Your child will not be allowed to participate in our camps unless your medical insurance provider and policy number is provided below.
5. Medical Insurance Provider: _____ Policy no. _____
6. I agree, on behalf of myself, ~~my child, and our assigns, executors,~~ and heirs, to indemnify, and hold harmless, Home Court Advantage, and *mycamp* volleyball trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the gross negligence or intentional acts of Home Court Advantage or *mycamp*.
7. I consent to the use of video recordings and photographs of my child's participation in *mycamp* summer sports camp. Recordings will be used for demonstration and promotional purposes.
8. I certify that my child has no medical condition or impairment, including the use of medication, that might inhibit his or her participation.
9. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

Parent or Guardian (please print) _____

Signature of Parent or Guardian _____ Date _____

Campers WILL NOT BE ALLOWED TO PARTICIPATE until this form is received!