

GOLD MEDAL SQUARED VOLLEYBALL CAMP 2017

Gold Medal Squared Volleyball Camp Registration and Release

Name of player: _____

Street Address: _____

City, State, Zip: _____

Contact Emergency Phone #: _____

School Grade _____ (Fall 2017)

Contact Email: _____

School Attending 2017: _____

(Please type or print with ink only)

In consideration of being allowed to participate the undersigned acknowledges, appreciates and agrees that:

1. The risk of serious injury does exist
2. My child knowingly and freely assumes such risks
3. My child willingly agrees to comply with the stated and customary terms and conditions for participation. IF she observes any unusual hazard during participation, she will remove herself from participation and bring such to the attention of the nearest official.
4. I approve of my child's attendance at GM2 VB Volleyball camp taking place at Mount Si High School. I release and hold harmless Gold Medal Squared, MSHS Staff, School, and their officers, officials and employees. I certify that my child is in good health and able to participate in the programs activities. I am ___ am not___ attaching a note explaining special physical limitations and/or required medication, if any.

Signature of Parent or Guardian

Date

Please fill out the registration/medical release form/concussion form. If you have any other questions feel free to contact me @ footeb@svsd410.org or call 253-569-8075. You can visit our website @ www.mountsivolleyball.com.