



# 2018 Sheldon Volleyball

## High School Camp Registration Form

### Dates/Times:

**Thursday:** August 2nd - 5:00-8:00 pm

**Friday:** August 3rd - 8:00-11:30 am and 5:00-8:00 pm

**Saturday:** August 4th - 8:00-11:30 am and 5:00-8:00 pm

### Cost: \$150

(checks payable to Irish Volleyball)

Name: \_\_\_\_\_ 2017/18 Grade: \_\_\_\_\_ Position : \_\_\_\_\_

Player Phone: \_\_\_\_\_ Player Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

### INSURANCE INFORMATION

Name of policy holder \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

ID # \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Conditions, allergies or injuries that may affect child's ability to participate in camp, or that we should watch for: \_\_\_\_\_

I shall agree to indemnify and save harmless the Eugene School District 4j from and against any and all loss, cost (including attorney fees), damages, expense, and liability in connection with claims for damages as a result of injury of any person which arise from the acts or omissions of myself or my minor child(ren) during our participation in Sheldon's Volleyball Camps.

I further understand that there are certain risks inherent in this activity and that proper training and physical conditioning is necessary. I hereby agree to assume those risks on my behalf of my minor child(ren) and to hold harmless the District and it's agents. I have read and understand the above.

\_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian - if participant is under 18 yrs. of age)

\*By signing this paper I agree that if myself or my child(ren) is injured during this activity and files a claim against the District I would have to pay for any financial loss it had on account of that claim.