

2018 Olympia/Capital Volleyball Camp Registration

Circle the session attending:

Session I (H.S.)

Session II (M.S.)

Player name _____ Grade entering fall '18 _____ School _____

Parent Emergency Contact: Home # _____ Cell # _____ Email _____

T-shirt Size (adult sizes, circle one): S M L XL

My child _____ has my permission to participate in the Olympia/Capital Volleyball Camp, held at **OLYMPIA** High School on *June 20-23, 2018*. I have reviewed the itinerary and rules concerning this activity and give permission for my child to participate.

Release of Liability

I expressly recognize that my child is responsible for his/her behavior and that all school rules of conduct apply while participating. I agree to hold harmless and indemnify the Olympia School District from all claims that might be filed against the school or Olympia School District, it's hired or contracted employees, instructors, officials, or agents, for any and all injuries or losses that may be suffered because of my or my child's participation in the above activity. I consent to my child's participation in the activity/program and authorize the Olympia School District employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition(s), which would interfere with his/her participation.

Printed Name of Participant

Participant's Age/Grade

Signature of Parent/Legal Guardian

Date

Checks for Oly/feeder school players payable to:

Send to:

***OHS ASB Volleyball
Laurie Creighton
Olympia H.S.
1302 North St
Olympia, WA 98501***

Checks for CHS /feeder school players payable to:

Send to:

***CHS ASB Volleyball
Katie Turcotte
Capital H.S.
2707 Conger Rd. NW
Olympia, WA 98502***

Enclosed: ☐ cash ☐ check

If you pay & cancel, there will be a \$15.00 refund fee)

****Please sign both portions (above & below) and submit with payment****

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

The purpose of this acknowledgement form is to confirm that you have read and understand the information provided you related to potential concussions and head injuries occurring during participation in athletic programs.

I, _____, as a student at _____
(Please Print Name) (School Name)

and I, _____, as a parent/legal guardian of the above-named student, _____
(Please Print Name) (Please Print Name)

have read the information material provided to us by the Olympia School District related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

Signature of Participant

Date

Signature of Parent/Legal Guardian

Date