



3 DAYS - SKILLS/DRILLS VOLLEYBALL CAMP

JUNE 16-18, 2014

10AM TO 2PM

\$40.00 PER PARTICIPANT

\$5.00 SIBLING DISCOUNT

CAMP T-SHIRT INCLUDED

GRADES 3RD - 8TH

@ ST. FRANCIS DE SALES HIGH SCHOOL

10155 S. EWING

CHICAGO, IL 60617

Space limited 60 campers

Cash, money orders or cashier check

To register please contact us at volleyball@sfdshs.org or 773-731-7272 ext. 222

Student Name: _____ Grade in School 2014: _____

School: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home/Cell Phone: _____

Emergency Contact Name & Number: _____

Acknowledgement of Risk & Agreement to Participate

St. Francis de Sales Volleyball Camp

Participation in the camp will require individuals to possess coordination, agility, and cardiovascular fitness. Although an individual may possess a satisfactory level of the above mentioned characteristics, the nature of volleyball and its equipment, facilities, and movements may still result in a participant being injured.

To help reduce the risk of injury to oneself and other participants, participants are expected to follow the following rules:

- All participants are expected to act in a manner that does not endanger themselves or other participants and staff of the camp.
- All participants are expected to follow all posted safety rules and all rules common to the sport of volleyball.

I agree to follow the preceding safety rules and all posted safety rules. Further I agree to report any unsafe practices, conditions, or equipment to the camp staff.

I understand the physical stress and dangers inherent to participating in a volleyball camp and assume all risks and responsibility for conditioning and ascertaining my physical fitness to participate. I further waive and all claims, and causes of actions, rights to entitlements, suits, or damages against The Board of Trustees of St. Francis de Sales High School and their officers, employees, agents, or representatives, as a result of any injury or damage to my person or property as a result of or occurring in conjunction with my participation.

I also waive any and all claims to any other services, equipment, medical, or athletic training services, and the like.

I verify that I have no physical disabilities, impairments, or, chemical dependencies that inhibit my participation in this event.

I the undersigned am competent to sign this Acknowledgement of Risk & Agreement to Participate and have read carefully and understand all the terms.

Signature of Participant

Date

Signature of Parent / Legal Guardian

Date