

CLEVELAND STATE VOLLEYBALL CAMP 2017

To Register: Send to Stow High School High School Volleyball, Stow High School
C/O Athletic Office: 3227 East Graham Road, Stow Ohio 44224

Summer Camp Registration/Waiver:

Player's Name: _____

Date of Birth: _____ **Grade: (Fall 17)T-Shirt Size:** _____

Address: _____
(Street) (City) (Zip)

Home Phone: (____) _____

Parent's cell:(____) _____

Parent's email: _____

School: _____

Emergency Contact Name: _____

Phone:(____) _____

Waiver / Exclusionary Clause

I, the undersigned parent/guardian, in enrolling at Cleveland State Volleyball Camp, understand that she; in attending any program and using the facilities, does so at his/her own risk. Cleveland State Volleyball Camp, its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she does hereby fully and forever release, discharge, and hold harm-less Stow High School Camp, Stow-Munroe Falls High School, and all associated facilities, and its associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any programs or use of its facilities. In addition, he/she agree(s) to follow the rules of play and conduct set by Stow High School Camp and Stow-Munroe Falls High School. She understand(s) that failure to do so may result in suspension from participation. I also give permission for the free use of my child's award's, name, picture, and/or likeness in any article, broadcast or other account of the volleyball program, including but not limited to, promotion of future events or other promotional use.

Consents: I, the undersigned parent/guardian of _____ (Participant's printed name) do hereby grant authority to the staff of Junior Bulldog Volleyball Camp to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

(Signature of Parent or Guardian) (Date)