

JUNIOR BULLDOG VOLLEYBALL CAMP 2017

- Who:** Girls and boys entering grades 4-8 in the fall of '17
- What:** A volleyball skills camp run by Head Coach Miguel Ramirez, Freshman Coach Pam Fair and high school players
- When:** June 26 – June 28th, 10:00am-1:00pm
- Where:** High School Upper Gym – Player check in will be in the commons
- Cost:** \$65.00 → Checks Payable: Stow-Munroe Falls Booster Club
- How:** To register, please send registration/waiver and payment to:

SMFHS ATHLETIC OFFICE c/o Girls Volleyball
3227 GRAHAM ROAD, STOW OHIO, 44224

Participant's Name: _____ Date of Birth: _____

Address: _____ City: _____ ZIP: _____

Parent Email: _____ Grade (Fall '17) _____

Parent Phone: Cell _____ Work _____ Home _____

Emergency Contact (Name and phone): _____

School Fall '17: _____ T - shirt size: Youth-L Adult-S Adult-M Adult-L Adult-XL

Waiver / Exclusionary Clause

I, the undersigned parent/guardian, in enrolling at Junior Bulldog Volleyball Camp, understand that she; in attending any program and using the facilities, does so at his/her own risk. Junior Bulldog 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.

Parent/Guardian Signature

Date