

2021 Lady Lions Volleyball Clinic Registration Form

LADY LIONS VOLLEYBALL CLINIC

RELEASE STATEMENT

Camper Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

E-Mail _____

Home Phone (_____) _____

Age _____ Grade (next fall) _____

School _____

Club _____

Team _____

Parent/Guardian Information

Name: _____

Home/Cell Phone (_____) _____

Camp Information:

Fundamental Skills Clinic:
\$40 (4th- 8th Grade)

July 12th, 13th, and 14th: 9-11am

\$_____ TOTAL DUE

***Non-Refundable fee of \$40**

Make check payable to:

Open Door Christian School

Location:

First Baptist Church Gym
620 4th Street

Or online through your Gradelink account.

I/we, the undersigned, hereby certify that I am/we are the parent(s) or legal guardian(s) of the camper. I/we hereby authorize the staff of the Lady Lions Volleyball Clinic to act for me according to their best judgment in providing or arranging for emergency care in any emergency requiring medical attention.

I/we hereby waive, release, absolve, indemnify, and agree to hold harmless Lady Lions Volleyball Clinic employees, suppliers, sponsors, and participants for any and all liability and for any and all injuries or illness incurred while at camp.

I/we acknowledge that participation in this camp may result in accidents and/or injuries. Even though I know that there are risks involved, I still give my approval for my child to participate in any and all camp activities and I expressly assume all risks and hazards incidental to such participation. I have no knowledge of any physical impairment or health problems that would be affected by my child's participation in the Lady Lions Volleyball Clinic.

By signing this form, I/we acknowledge that I have read and understand the above warning.

Signature _____

Date _____

Name of Insurance Carrier _____

Policy Number _____

Parental Consent Form—Please Print

Camper Name _____

Birthday _____ Month /Day /Y ear _____

Parent/Guardian Name _____

Emergency Contact and Phone: _____

Relationship _____

Allergic Reaction to drugs, food, asthma? Yes _____ No _____

If yes, please explain: _____

Taking Medications at this time? Yes _____ No _____

If yes, please explain: _____

*All campers must have their own medical insurance.

Parents Signature:

X _____

For more questions contact Brandi Menard or Vikki Wankowicz at 940-549-2339 or at bmenard@opendoorgraham.com or vwankowicz@opendoorgraham.com