



RDV VOLLEYBALL CAMP

REGISTRATION FORM

Last Name: _____ First Name: _____ Middle Initial _____

Age: _____ Birth Date (m/d/yy) _____

Home Address: _____

Street /City /Zip Code: _____

Grade & School Attending Fall of 2011: _____

Parent/Guardian Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

All Skills Camp \$140 (June 9-11) _____ **Position Camp \$90** (June 4-5) _____

Check No. _____ Check Date: _____ Check Amount: _____

T-shirt Size (circle): S M L XL

To apply for this camp, complete all forms and mail to:

Top Select Volleyball Academy
P.O. Box 783485
Winter Garden, FL 34778

BEFORE MAILING: Did You Remember To?

1. Include the parent's/guardian's signature on the Medical Release forms
2. Sign the photo release form
3. Enclose payment in full. Make checks out to Top Select Volleyball Academy

If you have any questions concerning the camp, please contact Top Select Volleyball Academy at 407-242-3498 or via email at topselectvolleyball@yahoo.com

***WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT/
CONSENT TO MEDICAL TREATMENT***

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in this league, related events and activities, I hereby **RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE** Top Select Volleyball Academy or any of the officers, servants, agents or employees (hereinafter referred to as **RELEASEE**) from any and all liabilities or course of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by my child, or to any property belonging to my child, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE**, or otherwise, while participating in this league, or while in, on or upon the premises where the league is being conducted.

To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk to participate in any way with the league's activities. I am fully aware of risks and hazards connected with this league. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by my child, or any loss or damage to property owned by my child, as a result of being engaged in the league's activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE** or otherwise. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the **RELEASEE** from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my child's participation in the league, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE** or otherwise.

During the period of the league, I hereby give permission for the staff of Top Select Volleyball Academy or this league to administer appropriate medical attention to my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above-named **RELEASEE**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily, and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian's Signature _____

Date Signed _____