

SUMMER VOLLEYBALL CAMP

August 2-4, 2021

DATES: August 2-4, 2021
TIME: 9:00-11:00
ELIGIBILITY: **Girls and Boys** Entering Grades 5-8
LOCATION: **Clovis High School South Gym**
CAMP FEE: \$50
COACHING STAFF: Local Volleyball Coaches
CONTACT: Kendal Kubo 285-7479

****Mail Application Form with Camp Fee To:
SUMMER VOLLEYBALL CAMP
c/o Coach Riding
653 W. Stuart
Clovis, CA 93612**

Make checks payable to: Clovis Unified School District
Do not mail to the address above after July 23rd.

Application Form

Name _____
Address _____
City _____ Zip _____ Home # _____
Parent Cell _____ Parent Wk _____ Email _____
School you attended in 2020/21: _____
Grade in the Fall 2021 _____

My child has my permission to attend the above camp on August 2-4. I certify that my child has no medical or emotional problems which may affect his/her ability to safely participate in all camp activities. I hereby authorize the camp director & coaches to act for me according to their best judgment in any emergency requiring medical attention while attending camp.

I understand that my child MUST HAVE current and active medical insurance before he/she can attend camp. I hereby waive and release the Clovis Unified School District, its employees and camp staff from all claims arising from any injuries or expenses relating to injuries while my child is at camp. **List of any allergies, medications, limitations and/or conditions (in the event that medical attention needed):** _____
_____.

Parent Signature _____ Date _____
Medical Insurance Company _____ Policy # _____
In case of emergency contact: _____ **Ph.#** _____

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

As the parent/guardian of the above-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child's participation in and/or attendance at the above-stated program or activity, such risks to include but are not limited to, injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) waive and release all claims, causes of actions, actions, liabilities, and costs against the Clovis Unified School District (District) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively District Personnel) and hold harmless the District and District Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of or result from my child's participation in or attendance at such program or activity; and (3) assume all obligations for any medical, financial, and other costs and/or liabilities that be sustained or incurred by my child, myself, or my agents, heirs, and/or successors. The District assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned program or activity