

TCA Volleyball Camp Registration

Camp Information: (please check the camp attending)

May 28-31, 2019

Camp hours are from 9 a.m. to 1:00 p.m. for students grades 3-12. Students are asked to bring snacks, drinks, and lunches everyday.

Name: _____

Age Group:

3rd-12th Grade (9 a.m.-1:00 p.m.): \$125/camp (attached)

T-Shirt Size: YS YM YL AS AM AL AXL

Parent/Guardian Name: _____

Address: _____

Gender (Circle One): Male/Female

Age: _____ Grade: _____

Participant's School: _____

Primary Contact Cell Phone Number: _____

Primary Contact Home Phone Number: _____

Secondary Contact Cell Phone Number: _____

Secondary Contact Home Phone Number: _____

Please list any medical conditions the participant may have as well as any prescribed medication.

Insurance Company: _____

Policy Number: _____

Family Physician: _____

Phone Number: _____

Questions? Contact johnson.austin@tcamail.org or manke.amanda@tcamail.org.

WAIVER & CONSENT

I, _____, HEREBY RELEASE AND HOLD HARMLESS Trinity Christian Academy, their officers, employees, other participants, sponsoring agencies, and advertisers (“Releasees”) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, ECONOMIC LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. The release of liability by me is based upon the acknowledgment that sports of any kind or nature involve the risk of injury, disability, or death to spectators and participants. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK WHEN PARTICIPATING IN ACTIVITIES SPONSORED BY THE “RELEASEES.”

For parents/guardians of participants of minority age (Under 18) . THIS TOO CERTIFIES THAT I, as parent/guardian with legal responsibility for this participant, have indeed read the Waiver and Consent and I agree for myself, my heirs, and next of kin to the terms and contents.

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____