



DUCHEсне ACADEMY of the SACRED HEART
 PRIVATE CATHOLIC EDUCATION FOR YOUNG WOMEN · PRE-K 4 - 12TH GRADE



High School Volleyball Camp (Grade 9-12)
 Camp 2011-12 Registration Form

Player Information

Last Name: _____ First Name: _____

Address: _____

E-Mail: _____ Phone: _____

Camp Information: August 1st - August 3rd, 2011

Date:	Session 1	Session 2
August 1 st	3:30-5:00 PM	6:00-7:30 PM
August 2 nd	3:30-5:00 PM	6:00-7:30 PM
August 3 rd	3:30-5:00 PM	6:00-7:30 PM

Check in at 3:00 on August 1st. All other dates, please be present for camp **15 minutes** prior to start time. Camps will be at Duchesne Academy (Please check in the first day in the foyer outside of the gym)

Camp Price: **\$175.00 (Please mail in by July 22nd)**

Please make checks payable to **Duchesne Academy**

Mail to: 10202 Memorial Drive Houston, TX. 77024 Attn: Athletics Department

Medical Waiver:

I hereby agree to hold Duchesne Academy staff and agents harmless in the event of injury or other harm occurring to the athlete during participation in all camp related activities. I certify that my child has no medical problem or physical impairment that would affect him/her to safely participate in any camp related activities. I certify that the above named athlete is covered by medical insurance in the event of illness or injury and in the event emergency medical treatments is necessary, I hereby authorize Duchesne Academy staff or agent(s) to authorize emergency medical treatment as deemed necessary.

Insurance Co. _____ Policy Number _____

Signed _____ Date _____

RELEASE OF LIABILITY AND WAIVERS:

In consideration of _____, being allowed to participate in the
Duchesne Varsity Volleyball Camp 2011 the undersigned:

1. **Acknowledge** and fully understand that my daughter will be engaging in activities that may involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from her own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time.

2. **Agree** in the event of an injury, the parents/guardian will assume responsibility for payment of all costs arising directly or indirectly from said injury, including reimbursement of any amounts, which may be paid by **Chien-Yu Lee** and/or **Duchesne Academy**

3. **Assume** all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. **Release, waive, discharge and covenant** not to sue **Chien-Yu Lee** and/or **Duchesne Academy**, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event(s), all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage of property, caused in whole or in part by the negligence of the release or otherwise.

5. **Camp Fee: Acknowledge and agree** that if original camp dates are cancelled, due to inclement weather or for any reason, make up dates will be provided. Failure to appear at any of the dates (original camp dates or make up dates) by the child for any reason, no refunds will be given. In the event that original camp dates or make up dates are both cancelled due to inclement weather or for any reason, all checks will be destroyed and no payments will be due.

THE UNDERSIGNED, HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY. THE UNDERSIGNED IS ALSO AWARE OF THE FACTS AND RULES OF COMPETITION, DOES ACCEPT ALL TERMS, AND IS WILLING TO COOPERATE WITH NAME OF Chien-Yu Lee and/or Duchesne Academy

Date: _____

Signature: _____

Print Name: _____