

St. John the Baptist Summer Volleyball Clinic

July 23-25, 2019

Camper Information

Name: _____
City: _____
School: _____
Grade: _____

Circle Shirt Size: Youth Sizes **S M L** Adult Sizes **S M L**

Make Checks Payable to: St. John the Baptist School

Parent/Guardian Information

Name: _____ Cell Phone: _____
Emergency Contact Name and Relationship _____
Emergency Contact Phone: _____

Medical Waiver and Consent Form

The undersigned parent or guardian of the applicant, _____, for and in further consideration of the Volleyball Clinic accepting said applicant, does hereby release and discharge St. John the Baptist School. and their representatives, employees and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind, even where they have been negligent, which may arise or be occasioned as a result of the applicant's participation in the Volleyball Clinic and hereby, agree to have and indemnify and keep harmless St. John the Baptist School their representatives, employees and agents against any and all liability, claims, judgments or demands for damages, even where they have been negligent, arising as a result of any course instruction given the applicant by the Volleyball Clinic.

I/We being the parents and /or legal guardians of the applicant authorize St. John the Baptist School and their agent's permission to request emergency medical treatment or care as necessary to ensure the well-being of the participant.

Parent/Guardian Signature _____