**2019 Pre-Season VOLLEYBALL PREP CAMP**

 @Fruita Monument High School

**August 5 – August 8**

Cost is $50

Please make Checks payable to FMHS

All proceeds go toward supporting the Girls Volleyball program at **FMHS**.

Accident Insurance is not provided. All students must enroll in accident insurance program available through District 51 OR have adequate personal health insurance.

Parent/ Guardian Release and Insurance Acknowledgement:

I, as the Parent/ Guardian of the below named child, do hereby, give my approval to my child’s participation in the Volleyball Camp at Fruita Monument High School. I certify the individual named on this form is in good physical condition and is capable of taking part in all camp activities. I assume all risks and hazards incidental to such participation including transportation to and from the camp, and do hereby hold harmless District 51, Fruita Monument High School, and any member of the camp Coaching Staff from any claim of alleged liability in connection with my child’s participation in the program. I understand that participation in the sport of volleyball can be dangerous and result in serious injury and that if any emergency arises, I give full permission and authority to take steps that are reasonably necessary in your judgement to protect and assist my child, including Medical Care. I agree to be responsible for hospital expenses, doctor bills and any other expenses that may be incurred to assist and protect my child.

I understand that the camp, Fruita Monument High School, and District 51 retains the Rights to use photographs and video of the players taken at the camp for publicity and advertising purposes.

Parent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent (signature)**

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Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration**

Participant’s name

Emergency Contact Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medication Taken

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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