



2014 FALL/WINTER CAMP SERIES VOLLEYBALL

Complete a separate registration form for each participant.

CAMP REGISTRATION FORM

Name: _____

Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Email (for initial Confirmation): _____

****PLEASE PRINT EMAIL LEGIBLY****

Parent/Guardian Name: _____

Parent/Guardian Phone: (_____) _____

School: _____ Club: _____

Camper entering Grade (Fall 2014) _____ Age _____

Boy Girl

Skill: Beginning Intermediate Advanced

Please Check all appropriate

Outside Hitter Opposite Middle Libero Setter

Pre-register: \$100 per participant **At-Door:** \$120 per participant

Please, check/money order payable to:
"ALFRED AGCAOILI VOLLEYBALL"

Email alohafromalfred@outlook.com to hold your spot. Payment and completed form confirms your commitment.

Send Completed Form and Tuition to:

Camp Tuition Enclosed

\$ _____

AJZ&F VOLLEYBALL CAMPS
9915 Farwest Drive SW
Lakewood, WA 98498

Enrollment is guaranteed when full tuition and enrollment form is received. They are accepted on a first come, first served basis. If for any reason you need to cancel your spot at camp **after September 19, 2014 no refunds will be issued for any reason** due to the need to subsidize camp related expenses.

WAIVER TO PARTICIPATE

I am the parent and/or legally authorized guardian of the child participating in the 2014 Hawai'i Connection Volleyball/Alfred Agcaoili Volleyball (the "Camp") camps and clinics. On behalf of myself, my spouse, my child/ward (the "Participant"), I understand and agree to the following:

1. **Assumption of Risks:** that participation in the 2014 Hawai'i Connection Volleyball/Alfred Agcaoili Volleyball camps and clinics involves risks of injury. I also understand that, despite safety precautions, the Camp cannot guarantee that the Participant will not be injured.

2. **Waiver, Release and Hold Harmless:** that in consideration for allowing the Participant to participate in the Activity, I agree not to sue or I hereby release, waive, discharge, hold harmless, indemnify, and defend the Hawai'i Connection Volleyball/Alfred Agcaoili Volleyball, its employees, staff, volunteers, agents, directors, affiliates, sponsors, representatives, Hawai'i Connection Volleyball/Alfred Agcaoili Volleyball camps and clinics, Washington High School, Tacoma School District and the state of Washington, Life Christian Academy, Bottega Fitness Club, Chief Leschi Schools, Puyallup Tribal Nation and Boys & Girls Club Everett from any and all liability, losses, damages, claims, actions, and causes of action of every nature for any and all known and unknown, foreseen and unforeseen, bodily or personal injuries, property damage, or other loss relating in any way to the Participant's involvement in the Hawai'i Connection Volleyball/Alfred Agcaoili Volleyball camps and clinics, Washington High School, Tacoma School District and the state of Washington, Life Christian Academy, Bottega Fitness Club, Chief Leschi Schools, Puyallup Tribal Nation and Boys & Girls Club Everett.

3. **In the event of an emergency,** I authorize the Hawai'i Connection Volleyball/Alfred Agcaoili Volleyball camps and clinics to act for me in its best judgment in rendering any medical attention to the Participant. I further understand that I will be responsible for any medical expenses relating to the Participant's involvement in the Activity.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN LEGAL RIGHTS, AND DO SO VOLUNTARILY.

Parent or Guardian's Signature _____

Please Print Name _____

Please include a copy of Medical Card or Coverage

