



# 2017 SHOCKWAVE VOLLEYBALL CAMP

**June 13 – 14, 2017 at Wayne County Day (1 – 4 pm)**

## **REGISTRATION FORM**

To register for and attend this camp, please complete this form and return as indicated.  
Questions? Please contact the NC Shockwave at (919) 920-1291.

**You must REGISTER FOR CAMP prior to starting camp**

- ❖ Parents/Guardians should print, complete and return form on/before the first day of camp.
- ❖ Camp is free and t-shirts will be available for the 1<sup>st</sup> – 50 campers registered

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Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

All Shockwave rules and regulations will apply during your camp. Therefore, please sign the following statement to complete this Camp Registration Form:

I, \_\_\_\_\_ (Parent/Guardian), on this date \_\_\_\_\_, 20\_\_\_\_\_

hereby affirm my child, \_\_\_\_\_, shall be able to participate in activities through the camp period. I understand that Shockwave Volleyball activities have inherent risks. In consideration for being able to enroll and participate in the Volleyball Camp, and acting on behalf of myself and my minor child, I hereby assume all risks and hazards associated with participation in the Volleyball Camp.

Acting on behalf of myself and my minor child, I agree to release, hold harmless, defend and indemnify NC Shockwave, Wayne County Day, including by not limited to: NC Shockwave Coaches, and their respective officers and directors (the “released parties”) for any damage or injuries, physical or mental, including those caused in whole or in part by the negligence of any release party, which I or my minor child might incur as a result of my voluntary decision to participate in the Volleyball Camp.

I further agree to release. Hold harmless, defend and indemnify the release parties and each of them from any claim brought by a third party, including a co-participant, for any injury or loss suffered by that person caused in whole or in part by the actions of my child or myself.

\_\_\_\_\_  
Name of Parent or Guardian (print please)

\_\_\_\_\_  
Signature of Parent or Guardian