



**Summer Camp Registration Form  
July 9-11**

**Ages 9-13  
9am-12 noon**

**Ages 14-18  
1pm-4pm**

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

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Camp Release Form Turned In? \_\_\_\_\_ Camp Fee (\$130) Turned In? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age on August 31, 2018: \_\_\_\_\_

Position your child plays: (Please Circle One) Setter OH MH RH DS Libero

Mother's name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family email address \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_



All Shockwave rules and regulations will apply during the camp. Therefore, please sign the following statement to complete this Camp Release 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 summer camp.

Acting on behalf of myself and my minor child, I agree to release, hold harmless, defend and indemnify NC Shockwave, Aycock High School, 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 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