

SUMMER YOUTH Volleyball Camp

**JUNE
14-16**

Tuesday, wednesday, & Thursday

Location: The Park Center (202 E. Murray Park Ave.)

\$50 Member/Resident
\$60 Non-Resident
Deadline: Tuesday, June 14

Sessions:

Intermediate (12-14 yrs)

8:30am-10:00

Players with prior experience who have good command of all skills

Beginner (7yrs and up)

Session 1– 10:15-11:45

Session 2– 12:00-1:30

Players who are new or still working on most skills

Learn the fundamentals associated with playing volleyball, including setting, passing, serving, blocking, hitting, and more. This program is for boys & girls. All participants will receive a t-shirt and a ball. If registering after June 1, shirt size is not guaranteed.

Max of 36 kids per session.

Instructor is Liz McKnight



Register at www.mcreg.com

Summer Youth Volleyball Camp 2022

Name _____ Phone _____ Age _____ Birth date _____ M / F

Address _____ City _____ Zip _____ Grade _____ School _____

Parent's Name _____ Phone _____ Email _____

Parent's Name _____ Phone _____ Email _____

Does your child have any physical limitations? Yes ___ No ___ If so, please Explain _____

Please circle shirt size

Youth S YM YL YXL

Adult S M L XL

MURRAY CITY PARKS AND RECREATION—RELEASE OF LIABILITY AND WAIVER OF CLAIMS

READ BEFORE SIGNING

IN CONSIDERATION OF being allowed to participate in any way in Summer Youth Volleyball Camp and its related events and activities, I hereby acknowledge, appreciate, and agree that:

The risks of injury and illness (including, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenza, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death) of participating in the Activity are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, including, but not limited to, other participants, volunteers, spectators, coaches, and Activity officials, and I assume full responsibility for my participation; and,

I willingly agree to comply with the Activity's rules and conditions for participation. If, however, I observe any unusual or significant hazard during my presence or participation in the Activity, I will remove myself from the Activity and bring such attention of the nearest official immediately; and,

I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Murray City Corporation, its employees, officers, directors, volunteers, elected officials, and agents (hereinafter collectively referred to as the "City"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, and from any and all liabilities incident to my participation in the Activity, to the fullest extent permitted by law.

I understand that the City shall have no responsibility to pay for any medical treatment and related costs if I become injured, sick, or otherwise harmed while participating in the Activity and, in the event that I should require medical care or treatment for any injury or illness, I agree to be financially responsible for any costs incurred as a result of such treatment.

I HAVE READ THIS RELEASE OF LIABILITY AND WAIVER OF CLAIMS FORM AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name and Age _____

Participant's Signature (If under 18 years, Parent or Guardian must sign) _____

Date Signed _____

PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)

This is to certify that I, as parent and/or guardian with legal responsibility for this Participant, have read and explained the provisions in this RELEASE OF LIABILITY AND WAIVER OF CLAIMS form to my child, including the risks involved in participating in the Activity and his/her responsibilities for adhering to the rules and regulations. I for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, do hereby RELEASE AND HOLD HARMLESS the City from any and all liabilities (as outlined above) incident to my child's involvement or participation in the Activity, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, to the fullest extent permitted by law.

[] I have hereby read and signed the Concussion/Head Injury Policy required by Murray City and have included it with my registration. I understand that Concussion/Head Injury forms are valid for two years.

Name of Parent or Guardian _____

Parent/Guardian Signature _____

Date Signed _____

For Office Use Only:
Date _____

Staff Int. _____

Amount _____
AMEX ___ CK ___ Cash ___
VISA ___ MC ___