2017 APPLICATION FOR INDOOR VOLLEYBALL CAMP ADMISSION

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Going into Grade: \_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle T-shirt Size: YM YL AS AM AL AXL**

**(Register by May 26th to guarantee your t-shirt size)**

**Indoor Camps Monday – Thursday (4 Day Camps) Cost: $80 per week / $25 per daily session**

**\*Please check which camp sessions you will be attending.**

1. June 12-15 \_\_\_ 5:30 p.m. – 8:00 p.m. **(Ages 6 - 16)**
2. June 26-29 \_\_\_ 5:30 p.m. – 8:00 p.m. **(Ages 6 - 16)**
3. July 31- Aug 3 \_\_\_ 5:30 p.m. – 8:00 p.m. **(Ages 6 - 16) (With Lady Panther Volleyball Team)**

**Make checks payable to SFSC and mail to:**

**South Florida State College**

**Attn: Kim Crawford**

**600 W. College Drive**

**Avon Park, FL 33825**

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**AGREEMENT FOR CAMPUS ACTIVITY**

**SFSC Volleyball Camp** Where the word College appears, it shall mean **South Florida State College.**

Athletic Department

***TO STUDENTS AND THEIR PARENTS:***

The two agreements below are designed primarily to protect our group members in the event that an emergency might require the immediate action parents would take if they were present. These agreements are, as a precaution, to provide the necessary emergency medical treatment or any other contingency that may arise from this activity.

In the years the College has been sponsoring campus activities, incidents of the type covered by these agreements have been negligible. However, parents would not wish their child to join a group under the auspices of an organization which disregarded even the remotest contingency.

We recommend that you read the provisions of this agreement carefully, and, if not fully understood, please consult with your attorney.

**RELEASE**

I do willingly execute this release in consideration of the educational benefit to be derived by me from my participation in the SFSC Volleyball Camp, a College-sponsored activity. I hereby release from liability and hold the College harmless from any and all claims and causes of action which might be brought by me or by my parents or dependents, for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by, or under the control of the College. It is understood that College, as used herein, shall include the employees, administrators, agents, and Board of Trustees of the College.

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**PERMISSION FOR EMERGENCY TREATMENT**

On rare occasions, an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since, in some countries/states, students under 18 years of age might not be administered anesthesia or operated upon without the written consent of a parent or guardian, we request that you as the parent(s) or guardian sign the following statement if the student/camper is under the age of 18.

This is to prevent a dangerous delay should an emergency occur and we are unable to contact you.

**In the event of injury to me/our child**

I/We hereby authorize a College representative to obtain and give consent to any medical treatment the representative deems necessary, including the administration of an anesthesia and surgery, and do hereby release the College and the representative from any and all claims which may arise from the representative’s obtaining and consenting to say medical treatment.

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**Consent for Use of Photograph**

The undersigned has consented to being photographed and the public release of those photos for program recognition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**Student’s Name (Camper) Month/Day/Year**

I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.

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

**Signature of Parent or Guardian**