



SOUTH FLORIDA Back-to-School VOLLEYBALL CAMP

Aug. 3 - 6 (Monday – Thursday)

Come Meet the Lady Panthers

****BOYS WELCOME****

Ages and Times:

Elementary 5:30 p.m. – 6:30 p.m. Cost \$75

Middle and High School 5:30 p.m. – 7 p.m. Cost \$100

Elite (Upper middle school and high school with 3-4 years of competitive experience) 7 p.m. – 8:30 p.m. Cost \$100

Payments:

Cash or Checks (Make checks payable to SFSC)

Mail in: South Florida State College Attn: Coach Crawford, 600 W. College Drive, Avon Park, FL 33825

Text or email registration form: 863-835-2377 / kim.crawford@southflorida.edu

Early registration prior to July 30 is guaranteed a T-shirt. Camp shirts are pre-ordered based on early registration.

Check T-shirt Size: YM YL AS AM AL AXL 2XL

Camper Name: _____ School: _____ Going into Grade: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Cell: _____

AGREEMENT FOR CAMPUS ACTIVITY

SFSC Volleyball Camp
Athletic Department

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

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.

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.

Consent for Use of Photograph

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

Student's Name (Camper) _____ **Date of Birth** _____

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

Signature of Parent or Guardian