



2012 All Skills Camp/ Waiver Release Form

Magic Volleyball Club

P.O. BOX 2281 Round Rock, TX 78680

EMAIL: Madeline@magicsports.org Phone: 512-423-2764

Player's First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Date Of Birth: _____ (ex. 01/02/99) Age: _____ Height: _____ Grade : _____

School Attending: _____ Volleyball Experience (School, rec league, club.) _____

Parent/Guardian Name _____ Parent Email _____

Phone number: _____ T-shirt size: Adult sizes: _____ or Youth sizes: _____

How did you hear about us? (Circle all that apply)

Friend Website Flyer Other: _____

In case of Emergency, Contact: _____ Phone: _____

Medical Waiver: I fully understand that Connally High School (CHS) staff members, Magic Volleyball coaches as well as coaches paid by CHS or Magic Volleyball are not physicians or medical practitioners of any kind. I hereby release CHS & Magic Volleyball staff to render temporary first aid to my child, or children, in the event of any injury or illness, and if deemed necessary to call and seek medical help, including transportation by a Magic Volleyball Staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should CHS or Magic Volleyball staff deem this all medical treatment.

Waiver: I recognize the risks and hazards associated with the sports play and my child may suffer injuries, possibly minor, serious or catastrophic in nature I further agree to encourage my child to follow all the safety rules and the coaches' instruction. Magic Volleyball coaches and other staff members will not accept responsibility for injuries sustained by any child or participant during the course of Magic Volleyball Skills Clinic. Participant agrees to hold Magic Volleyball, coaches, and staff harmless from all injuries to persons occurring as a result of or in any way connected with your presence at Magic Volleyball Camp or on the premises used by Magic Volleyball for these events. Parent also authorizes Magic Volleyball and its staff to act on Parent's behalf according to the best of their knowledge in any emergency situation requiring medical attention.

Parent/Guardian Signature: _____ Date: _____

Which Camp will you be attending? Camp Week 1 _____ or Camp Week 2 _____

Please complete form and mail in with the Camp fee:

- Early Registration –Before June 1st \$150
- Late Registration - After June 1st if space is available \$175
- Discount: If you have completed this 2012 season with Magic Volleyball Training Program or Magic Club Team and you bring a friend, you will receive \$25 off of your camp fee up to six friends. That means if you bring six friends your camp is FREE! If you are bringing a guest please print guest player's name so that we may confirm their attendance.

For official use only: Payment \$ _____ Cash or Check number _____ Person accepting payment _____
Discounts: _____ other charges: _____