Crivitz Youth Volleyball Camp

Dates: Tuesday, August 11th and Wednesday, August 12th

Where: Crivitz High School (enter through front doors) **Cost: $10**

Who: Girls entering 3rd-6th grade **Time: 3:30-5:30 pm**

Cash or checks payable to: Crivitz School (VB youth camp in the memo)

Coaches: We are happy to have former Crivitz Volleyball standouts, Lexi Franzmeier and Senya Caine, join us to run the camp this year.

We are very excited to announce the volleyball program will be offering a volleyball skills camp this summer! At this camp, the players will be working on individual skills development, teamwork, and above all, having FUN while becoming comfortable playing volleyball.

Please RSVP and reserve a spot by emailing me at meyers@crivitz.k12.wi.us If you don't get a response (due to filter), please call me at 715-854-2721 ext 342.

Pay on the first day of camp. Both this form and the waiver need to be filled out and turned in on the first day. I will have some printed forms, if needed. Questions, contact Coach Molly Meyers at meyers@crivitz.k12.wi.us

I give my daughter permission to participate in any and all activities of the Crivitz Volleyball Camp. I understand that participation in this camp will require physical activities of a nature which could result in injury. I acknowledge that she is physically able to participate in all activities and do not hold the coaches or Crivitz School District responsible for injury.

Player Name:_____Grade 26-27:_____

Parent/Guardian Name + Contact Number:_____

Additional Contact Name + Number:_____

Parent/Guardian Signature:_____

School District of Crivitz

PARENT AGREEMENT & WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR ALL CRIVITZ DISTRICT and COMMUNITY EDUCATION ACTIVITIES / EVENTS / CLASSES / ATHLETIC LEAGUES

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a ***concussion*** or head injury. (Concussion form is posted on the school web site).

I _____ have read the parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. Information given to parent it is also located on the Crivitz school web under the Community Tab.

- I also understand the common sign, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.
- I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.
- I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.
- I understand the possible consequences of my child returning to practice/play too soon.

1. In consideration for receiving permission to participate in the School District of Crivitz and Community Education Activity of my choice, hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE and further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS School District of Crivitz, the members of its Board of Education (in their official and individual capacities), administrators, agents, servants or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, costs, expenses, attorney fees, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE

   RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

2. I am fully aware of and acknowledge the potential risks of serious personal injury associated with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be dangerous to me and my property. I VOLUNTARILY ASSUME

FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage of property, owned by me, as a result of being involved in such activity, WHETHER

CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

3. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Wisconsin.

4. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read this Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I/we, the Parent(s)/Legal Guardian(s) of the above named Participant, consent to the minor Participant's participation in the School District of Crivitz Community Education Activity(ies), acknowledge the risks associated with the Participant's participation therein, and in consideration of my/our minor Participant's permission to participate in said School District of Crivitz Community Education Activity(ies) agree to be bound by this Waiver of Liability and Hold Harmless Agreement and the terms contained herein. Additionally, I/we consent to the School District of Crivitz seeking reasonable and necessary medical treatment for my/our minor Participant during such event or associated activities, and agree to be responsible for any cost/expenses associated with such treatment.

_____

Parent/Guardian Signature Date

Student's Name _____ Grade_____ Age_____

Sport participating in: Volleyball Youth Camp