



Registration Form

Stuart Hall School

2019 Side Out Volleyball Camp

- DATES:** July 22-26, 2015 (Monday – Friday)
TIMES: 9:00 AM – noon
 (Gym opens at 8:30 for drop-off and closes at 12:15 PM for pickup in Middle School Lobby)
AGES: Girls Ages 10-17 (participants grouped by age and ability level.) OPEN to the public!
COST: \$100/ camper (checks payable to Stuart Hall School; Send Attn: Tim Lawrence, PO Box 210, Staunton, VA 24402)
DIRECTOR: Stuart Hall Volleyball Coaches
LOCATION: Stuart Hall Gym (W. Frederick St.; right on N. Madison; right on Osage)
CONTACT: Tim Lawrence, Athletic Director; Tel: 540.213.0102; tlawrence@stuart-hall.org

Participant Information

Name: first:		last:		nickname:	
Age:	Birthdate:	Gender (circle one): M F			
Grade:		Current School:			
T-shirt Size (circle one): Youth: S M L Adult: S M L XL					

Parents/Guardians:

Emergency Contact:

Print Name:	
Address:	
City:	Zip:
Phone #1:	Phone #2:
Email:	

Print Name:	
Relationship to Student:	
Phone #1:	Phone #2:

Participant Health Information

Physician's Name:		Physician's Phone:
Insurance Company:	ID #:	Policy Holder:
Please list any allergies, medications, health conditions, mental or physical issues, operations, illnesses, broken bones, or special conditions in participant's medical history that may affect his/her participation in a camp activity:		
Person responsible for medical bills:		

Miscellaneous:

Enrollment. Enrollment is on a first-come, first-served basis. Minimum enrollment requirements apply. Given the nature of camp activities, there may be instances where the camp cannot accommodate participants whose needs are beyond the scope of its services. The Camp Director reserves the exclusive right, in all situations, to refuse any registration and/or dismiss any participant for any reason, without refund.

Assumption of Risk. I acknowledge that participation in the camp carries inherent risks, such as the risk of injury. In consideration of participant's involvement, I assume all risks on behalf of participant.

Fees: I agree to be responsible for all expenses incurred as result of participant's involvement in the camp, including expenses resulting from the health care and/or treatment of participant.

Participation in Activities. As the parent or legal guardian of participant, I give consent for participant to participate in the camp. Except as specifically listed on this form, I warrant that participant is in good health and able to participate fully in all camp activities. **Exceptions:** _____

Permission to Treat. In the event participant requires or appears to require medical attention, I give Stuart Hall School and/or camp representatives authorization to provide medical attention and/or transport participant to an emergency or other health care facility for medical attention. I understand that Stuart Hall School and the camp provide no medical coverage for camp participants.

Use of Likeness. I give Stuart Hall School permission to use audio, video, and/or photographs of and statements from participant for school and/or camp marketing and other purposes.

Policies. I understand that all participants and their parents/guardians are expected to adhere to the policies and standards of conduct of Stuart Hall School and the camp.

True and Accurate Information. I certify that the information supplied on this form (and any accompanying attachment) is true and accurate.

By my signature below, I, on behalf of myself and the above-named participant, agree to indemnify, release, and hold harmless Church Schools in the Diocese of Virginia d/b/a Stuart Hall School, its trustees, officers, faculty, employees, representatives, and agents (the Camp Releasees) from any and all damages, lawsuits, claims liabilities, costs, fees or expenses incurred by or claimed against the Camp Releasees, directly or indirectly arising from or relating to (a) participant's participation in the clinic and its activities; (b) injuries which are not the result of gross negligence by Camp Releasees, (c) medical action deemed necessary for participant's health; and/or (d) damages to or loss of personal property.

Parent/ Guardian Signature _____ **Date** _____



STUART HALL SCHOOL