

2017 PHOENIX COLLEGE LITTLE BEARS VOLLEYBALL CAMP

Details:

- For Girls entering grades 7 - 12. *We will have a NEW FORMAT this year!*
- **Place them in the age group/grade they will enter in the Fall of 2017.** *The camp will run from 6:00pm – 8:30 pm Monday – Thursday nights June 26-29, 2017. All age groups will run at the same time however, we will place them on different courts according to age and skill level.*
 - **Grades 7-8 will be on one court**
 - **Grades 9-10 will be on one court**
 - **Grades 11-12 will be on one court**
- **Camp is held at Phoenix College in the North Gym**
- Walk up registrations are accepted with no guarantee on receiving a PC Volleyball T-shirt
- Instruction will be provided by the Phoenix College Volleyball coaching staff and players
- **Sorry, No Refunds will be available**
- Email patricia.melfy@phoenixcollege.edu for more information.
- **Registration is due by June 23, 2017**

Camp cost is \$75 and includes 10 hours of training and a T-shirt

- Make checks payable to Phoenix College Volleyball -

To Register and secure a spot for PC Little Bears Volleyball, please detach registration form and waiver, and send with payment to:

**Phoenix College Cashiers
Women's Volleyball
1202 W Thomas Rd
Phoenix, AZ 85013**

PARTICIPANT NAME: _____

AGE: _____ GRADE: _____ SCHOOL: _____

EMERGENCY PHONE: _____

EMAIL: _____



T-SHIRT SIZE YOUTH: YS YM YL -OR- T-SHIRT ADULT SIZE: S M L XL
(CIRCLE ONE)

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281-6942

GENERAL ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College (“College”) include all of the Colleges within the Maricopa County Community College District (“MCCCD”), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the (henceforth referred to as the “Program”) at Phoenix College. In consideration of my participation in this program, I agree as follows:

RISKS INVOLVED IN PROGRAM: Participation in all sports requires an acceptance of risk of injury, such as pre-season physical examinations, proper facilities maintenance, and instruction of correct sports technique, we attempt to provide a safe, competitive environment for all student athletes. In addition we have team physicians, (general practitioner and orthopedic specialist) and certified athletic trainers to assist you with injury prevention and treatment.

In spite of these efforts, injuries do occur. Athletic competition, by its very nature results in numerous uncontrollable situation where injuries cannot be avoided. As an athletic participant, there is always the possibility that you may sustain an injury. The injury may range from a minor one to one of great severity and which could result in deformity, paralysis, or even death.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that Phoenix College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the Maricopa County Community College District (MCCCD) and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend Phoenix College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any loses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form of to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant (and Parent/Guardian if under 18) Date

Signature of Parent or Legal Guardian (if participant is a minor) Date