

GOLD MEDAL SQUARED VOLLEYBALL CAMP MSHS

Gold Medal Squared Volleyball Camp Registration and Release

Name of player _____

Street Address _____

City, State, Zip _____

Phone _____

School Grade Entering Next Fall ____

Coach's name _____

School _____

(Please type or print with ink only)

In consideration of being allowed to participate the undersigned acknowledges, appreciates and agrees that:

1. The risk of serious injury does exist
2. My child knowingly and freely assumes such risks
3. My child willingly agrees to comply with the stated and customary terms and conditions for participation. IF she observes any unusual hazard during participation, she will remove herself from participation and bring such to the attention of the nearest official.
4. I approve of my child's attendance at the Gold Medal Squared Summer Volleyball camp taking place at Mount Si High School. I release and hold harmless Gold Medal Squared and Mount Si HS and their officers, officials and employees. I certify that my child is in good health and able to participate in the programs activities. I am ___ am not___ attaching a note explaining special physical limitations and/or required medication, if any.

Signature of Parent or Guardian

Date

You can go online to www.goldmedalsquared.com to fill out your medical release form for the camp @ Mount Si High School. Please also send a copy with you when you send in your registration. More information about the camp at www.mountsivolleyball.com. Thanks.