

Guerin Catholic High School

Youth Volleyball Camp

June 11-13

Guerin Catholic High School Main Gym

Grades 4-6 4:00p-5:30p (\$55)

Grades 7-8 6:00p-8:00p (\$70)



Incoming Freshman Camp

June 4-6 4p-6p

Guerin Catholic High School Main Gym

\$75/person \$100 family max

- Skill sets for all individual positions
- Defensive/Offensive Skill Sets
- In Game/Team Concepts
- Learn warm-up routines
- Demos From The Lady Golden Eagle Players

VOLLEYBALL WAIVER/REGISTRATION FORM

(mail form with payment)

Make checks payable & mail to

Guerin Catholic High School

Accounting Office

PO Box 557

Fishers, Indiana 46038

Registration Deadlines

Grades 4-8: May 28

Incoming Freshman: May 18

Player Name: _____

Grade 2012-13: _____ School: _____

Phone #: _____ E-mail: _____

Address: _____ City: _____

Parent/Guardian Name:(Print) _____

Emergency Phone #: _____

Shirt Size (circle one): YS YM YL AS AM AL AXL (Sizes not guaranteed) _____

Please carefully read the following agreement, fill in all the blanks, sign below, and send with payment to the Accounting Office, BEFORE the registration due dates.

In consideration of my participation in St. Theodore Guerin (GCHS) Athletic Programs, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of GCHS's participation as defined in the student-Athletic Handbook
2. Readiness to Participate: I will only participate in those GCHS Athletic activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have prepared myself physically and mentally to perform only those activities which I have accomplished to the degree of confidence necessary to assure that I can perform them by myself, and without injury and improve the quality of my and my teammates' experience with GCHS athletics, I agree that I will follow all reasonable directions and commands of my coaching staff.
3. Medical attention: I hereby give my consent to GCHS to arrange transportation to a medical facility or onsite emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risk of injury, including the risk of catastrophic injury, paralysis, even death, as well as other damages and losses associated with participation in athletic activities. I further agree that GCHS, along with the employees, agents, officers, volunteers and directors of this organization shall not be liable for any losses or damages occurring as a result of my participation in the athletic program, except where such loss or damage is the result of the intentional harm or reckless conduct of one of the organization or the individuals identified above.

Primary Medical Insurance Carrier Information: I am covered by primary health/medical/accident Insurance through:

I currently am aware that I have the following medical conditions, but these do not prevent me from participating in

GCHS Athletics: _____

Student Signature: _____ Date: _____

As a legal parent or guardian of this athlete, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for permitting my child to participate in the GCHS Athletics that I have registered him/her for this season.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Name/Relationship and Phone Number: _____

