

IMMACULATE CONCEPTION CATHOLIC SCHOOL



2022 LADY KNIGHTS in TRAINING MINI-VOLLEYBALL CAMP

WHO:

Girls

Incoming grades 2nd-4th

WHEN:

Friday, June 24th & Saturday, June 25th

TIME:

Friday 1-3 & Saturday 10am-12pm
(doors open 15min before camp)

WHERE:

ICCS GYM with COACH DEE

Come have fun sharpening your skills during this fun camp opportunity!

**Please return your permission form
and \$25 check to the school office or Coach Dee.**

Make checks payable to Theresa Dee.

Deadline to turn in your form is Friday, May 6, 2022.

(KEEP THIS PAGE FOR CAMP INFO!)

RETURN THIS CONSENT FORM BELOW TO ICCS OFFICE OR COACH K.

For questions or more information, e-mail Coach Dee @ etd6@verizon.net

My child _____ plans to attend the **KNIGHTS IN TRAINING VOLLEYBALL CAMP**. Enclosed is the non-refundable camp fee of \$25. **Make checks payable to Theresa Dee**

Waiver & Medical Consent Form

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I am, the parent/guardian of _____ (hereinafter referred to as "MY CHILD"). I hereby release Immaculate Conception Catholic School, the Catholic Diocese of Fort Worth and their employees and volunteers (jointly hereinafter referred to as "The School"), of and from any and all claims, demands and causes of action for any damages, injuries and expenses arising out of or in any way connected with MY CHILD's participation in any activity, sport, game and the practice for any sport or game and travel to and from the activity. However, this release and indemnification of The School does not extend to or apply to gross or willful negligence with respect to an injury to MY CHILD. I understand that sports activities, etc. can be dangerous and as the parent/Guardian I am responsible for evaluating MY CHILD's fitness to participate in these activities and I am responsible for any and all insurance, including but not limited to, Medical Insurance, to cover MY CHILDs participation in these activities. I hereby certify that MY CHILD is fit to participate in the activity covered by this Release and Indemnification Agreement. If, in the judgment of any representative of The School, MY CHILD should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as a result of any injury or illness. I do hereby request, authorize and consent to such care and treatment as may be given to MY CHILD by a physician, trainer, nurse, or school representative. I hereby grant permission to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for MY CHILD. In the event of serious illness, or significant accidental injury of the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is unable to communicate with me, I hereby authorize the treatment necessary for the proper care and treatment of MY CHILD. I do hereby agree to indemnify and hold harmless The School, of and from any and all claims, demands and causes of action for any damages, injuries and expenses arising out of or in any way connected with MY CHILD's participation in any activity, sport, game, the practice for any sport or game, and travel to and from the activity. I also do hereby agree to indemnify and hold harmless The School, any physician, trainer, nurse, and school representative who provides any help, medical assistance, treatment and/or care for MY CHILD of and from any and all claims, demands and causes of action for any damages, injuries and expenses arising out of or in any way connected with any help, medical assistance, treatment, care of and medicine for MY CHILD. I hereby request that MY CHILD be allowed to participate in the camp sponsored by School. I agree that the releases, the indemnity, and the other agreements contained in this document are a valid and binding on me and are a part of the consideration for MY CHILD being allowed to attend camp. I have read and accept the terms of this Release and Indemnification Agreement, the Refund Policy & Medical Release.

Family Doctor: _____ (_____) _____
Doctor's Phone Number

I hereby request that my child be allowed to participate in the Volleyball Camp. **MY SIGNATURE**
BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE MEDICAL CONSENT, AND THE APPLICATION AND WAIVER FORM. I agree that the releases, the indemnity, and the other agreements contained in this document are a part of the consideration for the child being allowed to attend camp/league.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Home Telephone _____

Business Telephone _____

Emergency Contact Person _____

Emergency Contact Number _____

E-mail Address _____