



PANTHER VOLLEYBALL CAMP

- WHO:** 6th - 12th grade girls
- WHERE:** Chico HS (Lincoln & Big Gym)
- DATE:** June 29th - July 2nd
- TIME:** € High School 8-12pm € Jr High (6th-8th) 1-5pm
- COST:** \$80
- PAYMENT:** Pay On-Line @ [https://chicohighstudentstore.myschoolcentral.com/asbworks/\(S\(2g15bhcsnf43yvfahwtze1kd\)\)/apps/webstore/pages/WebStore.aspx](https://chicohighstudentstore.myschoolcentral.com/asbworks/(S(2g15bhcsnf43yvfahwtze1kd))/apps/webstore/pages/WebStore.aspx)

MAKE CHECKS PAYABLE TO: **CHICO HIGH VOLLEYBALL**

- 3 Ways to Register:
 - 1) **ELECTRONICALLY** and then email to **CKONOPKA@CHICOUSD.NET**
 - 2) **GOOGLE FORMS**
 - OR by mail 3) Chico High School
 Att: Chas Konopka – Panther VB Camp
 901 the Esplanade
 Chico, CA 95926

----- **PANTHER VB Camp** -----

<input type="text"/> Camper Name	<input type="text"/> Current Grade :
<input type="text"/> Address:	<input type="text"/> City: <input type="text"/> Zip Code:
<input type="text"/> Phone #:	<input type="text"/> email:

Circle **T- Shirt Size:**

Youth : SM M LG
Adult: SM M LG XL 2XL

I authorize the camp director to provide medical attention for my son/daughter if injured during camp. We also have insurance covering our son/daughter in case of accident or injury.

<input type="text"/> Insurance Company	<input type="text"/> Policy #
<input type="text"/> Signature	<input type="text"/> Date



VOLUNTARY PARTICIPATION LIABILITY WAIVER

IN CONSIDERATION FOR BEING PERMITTED BY THE CHICO UNIFIED SCHOOL DISTRICT TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19) DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF MY PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND I MAY UNDERGO A WELLNESS CHECK EACH DAY OF THE ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICTS, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY.

By signing this document I attest my willingness to conduct a daily wellness check, including a body

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICTS AND SIGN IT OF MY OWN FREE WILL.

Participant:

Print Name Signature Date

IN CONSIDERATION FOR BEING PERMITTED BY THE CHICO UNIFIED SCHOOL DISTRICT FOR MY DAUGHTER/SON TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19) DEATH, OR PROPERTY DAMAGE WHICH MY DAUGHTER/SON MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF HIS/HER PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND MY DAUGHTER/SON MAY UNDERGO A WELLNESS CHECK EACH DAY OF THE ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, MY DAUGHTER/SON VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICTS, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT MY DAUGHTER/SON MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICTS AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian of Participant:

Print Name Signature Date

