



the "CHICO" Jr High Volleyball Camp

Who: 5th - 8th graders *(Boys & Girls)*
Where: Chico HS (Lincoln Gym)
Date: June 13-16
Cost: \$100 *Please make checks payable to: Chico High Volleyball*
TIME: 1:00pm – 4:00pm
Due Date: June 2nd *\$100 if paid after June 2nd*

** First 40 campers guaranteed a spot in Camp * Camp T-Shirt included*
***Late Sign Ups are welcome but T-Shirt size is not guaranteed*

Return Registration Form to: Chico High School
 Att: Chas Konopka – Panther VB Camp
 901 the Esplanade
 Chico, CA 95926



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

Camper Name _____ **Current Grade :** _____
Address: _____ **City:** _____ **Zip Code:** _____
Phone #: _____ **email:** _____

Circle T- Shirt Size:

Youth : SM M LG //	Adult: SM M LG XL 2XL
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Please fill out the backside of the form



**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

CHICO UNIFIED SCHOOL DISTRICT

Name of Participant	
Description of Camp/Activity	
Date(s)	
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Numbers	

I authorize the above participant to participate in the described activities shown. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the **CHICO UNIFIED SCHOOL DISTRICT**, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused, in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

In the event of illness or injury, I do hereby consent to whatever x ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Parent/Guardian Signature if Participant under 18 years old Date

Student/Adult Signature if Participant over 18 years old Date

Note: A signed **VOLUNTARY ACTIVITIES PARTICIPATION FORM** must be on file with the **CHICO UNIFIED SCHOOL DISTRICT** before participating in the above camp/activity.