

# SJCCVOLLEYBALLCAMP REGISTRATION&WAIVERFORM

Make checks payable to: SJCC (4th/5th/6th - \$30; 7th/8th - \$50)

<b>Student'sName:</b>	
<b>Student'sDateofBirth:</b>	
<b>Grade(Fall2023):</b>	
<b>T-shirtSize(CircleOne):</b>	
Youth	SMLXL
Adult	SMLXL
<b>Address:</b>	
<b>ParentName:</b>	
<b>ParentPhone:</b>	
<b>ParentE-mail:</b>	

**WaiverofLiability:**  
 I, as the parent/legal guardian, of the above named student in consideration of my daughter's application being accepted, intending to be legally bound, do hereby waive, release and forever discharge Bishop Hoffman Catholic School, the Diocese of Toledo, its employees, coaches, or volunteers from all rights and claims for damages, injury, loss of person or property which may be sustained or occur during participation in camp activities. Further, I attest the above named applicant's health insurance exam within the past year, BHCS reserves the right to refuse admission to any student at any time it is in the best interest of the camp or participants.

**MedicalConsent:**  
 In the case of a medical emergency and a reasonable attempt to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by a licensed medical professional, and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for each surgery, are obtained prior to the performance of such surgery. Facts concerning the above named student's medical history, including allergies, medications being taken and any physical impairment(s) to which a licensed medical professional should be alerted:

<b>Parent/LegalGuardianSignature:</b>	
<b>Date:</b>	

**Please return registration/waiver form and payment by Wednesday, May 31**