



IFS Volleyball Camp (for girls)

Registration Form

Dates: July 11 – July 25, 2017

Middle School (AGES 10-12) dates/timings:

July 11, 13, 14, 18, 20, 21, 25 from 12 noon to 2 p.m.

High School (AGES 13-17) dates/timings:

July 11, 18, 25 from 2:30 pm to 4:30 pm

July 13, 14, 20, 21 from 10 am to 12 pm

Cost: \$100 per person (check, cashier’s check or money order payable to Islamic Foundation)

Location: IFS High School Gymnasium

Coach: Xhenete Shuaipaj (IFS Alumni and previous coach)

Name of student participant: _____ **Age:** _____

Name & Phone number of parent/guardian #1: _____

Name & Phone number of parent/guardian #2: _____

Medical Concerns: _____

All students and their respective parents take full responsibility for all risks and liabilities and are required to sign all the waiver forms and related documentation before confirmation of any student’s participation in this camp.

To be completed by the parent/guardian and handed in with payment to IFS main office (hours are from 8 a.m. to 4 p.m. daily).

I, _____, am the parent/guardian of _____.

I hereby give permission for my son to participate in this summer camp and understand that although the students will be supervised by the coach named above, I do assume the risk in my student’s participation in this scheduled volleyball camp. I understand that I hold the Islamic Foundation School and the coach harmless from all liability and claims arising out of connection with my participation in this activity. I hereby release and discharge the above named coach from all liability arising out of or in connection with the above-described activity. I understand that participation in the above activity is voluntary and is not required. I agree to pay all fees associated with the activity. In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physical and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant. In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for the below named student. I understand that this volleyball camp may be canceled due to low enrollment.

Please read the statements above and sign below:

I HEREBY AGREE that the student participant will comply with all of the above statements.

Student’s Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____