

Summer Volleyball Training Camp

Through All In Sports Training

T-SHIRT SIZE: **YS** **YM** **YL** **S** **M** **L** **XL**

PARTICIPANT INFORMATION (Please print neatly)

First Name: _____	Last Name: _____
City: _____	State: _____ Zip: _____
Birth Date: _____ / _____ / _____	Age: _____ Grade: _____
Current School: _____	
Allergies: No ___ Yes ___ List: _____	
Physical Restrictions: _____	

PARENT/GUARDIAN INFORMATION (Please print neatly)

Parent / Guardian Name: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Alternate Phone: _____

EMERGENCY INFORMATION (Please print neatly)

Emergency Contact Person: _____	Relationship: _____
Cell Phone: _____	Alternate Phone: _____
Emergency Contact Person: _____	Relationship: _____
Cell Phone: _____	Alternate Phone: _____

To sign up and register: Please go to allinsportstraining.org and click on [Summer Camp](#) to sign up online.

Or print out registration and waiver form and mail to 1133 SE 10th St. Stuart FL 34996.

Make checks payable to All In Sports Training.

Questions, please contact Coach Sawtelle at 772.285.0465

NOTICE TO MINOR CHILD'S NATURAL GUARDIAN – RELEASE AND WAIVER OF LIABILITY

NOTICE: This form contains a release and waiver of liability and when signed is a contract with legal consequences. Please read it carefully before signing your name.

TO MARTIN COUNTY: In consideration of the opportunity afforded to my child(ren)/ward(s) to participate in this program, I, the undersigned parent/guardian, freely agree to and make the following contractual representations and agreements.

Notice to the Minor Child's Natural Guardian:

Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if All In Sports Training, JBHS and/or Martin County School District and its employees use reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form, you are giving up your child's right and your right to recover from All In Sports Training, JBHS and/or Martin County School District and its employees in a lawsuit for any personal injury, including death, to your child or any property damage that result from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and All In Sports Training, JBHS and its employees have the right to refuse to let your child participate if you do not sign this form.

I, the undersigned parent/guardian, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may occur as a result of my dependent(s)'s participation in the activity and agree to **release, waive, discharge, and covenant not to sue All In Sports Training, JBHS and/or Martin County School District** its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of my dependent(s)'s participation in the activity, whether caused in whole or in part by the negligence of All In Sports Training, JBHS and its employees or otherwise.

I consent to having participant/s photo and/or video taken for promotional use only to be used in but not limited to websites, publications, media and/or publicity outlets and I agree that there will be no monetary compensation for such use.

I, the undersigned parent/guardian, have read this form, fully understand its terms, and understanding that I, on behalf of my dependent(s), have given up substantial rights by signing it and have signed it freely and without inducement of assurance or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

NOTE: It is recommended that all persons who attend this camp should have a current and valid AAU membership card for accident insurance in case of injury.

To register for a one year AAU membership, go to: <http://www.aauvolleyball.org/>

Parent/Guardian

Print Name: _____

Signature: _____

Date: _____

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