



Summer Volleyball Camp

Get ready for your CYO or Middle School Season!

**July 13th-15th at Ohio Nets Sports Complex
9am - Noon All 3rd-8th graders**

To Register: Mail completed form below to CVC at 12665 Corporate Drive- Suite 200, Parma, Ohio 44130 with a check (payable to CVC) for \$80.00 by June 30th

Summer Camp Registration/Waiver:

Player's Name: _____ **Date of Birth:** _____ **Grade: (Fall '09)** _____

Address: _____
(street) (city) (zip)

Home Phone: () _____ **Parent's cell:**() _____

Parent's email: _____ **School:** _____

Emergency Contact Name: _____ **Phone:**() _____

Waiver / Exclusionary Clause

I, the undersigned parent/guardian, in enrolling at Ohio Nets Sports Complex (ONSC), understand that he/she, in attending any program and using the facilities, does so at his/her own risk. Cleveland Volleyball Company (CVC), ONSC, its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she does hereby fully and forever release, discharge, and hold harm-less CVC, ONSC, and all associated facilities, and its associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any pro-grams or use of its facilities. In addition, he/she agree(s) to follow the rules of play and conduct set by CVC and ONSC. He/she understand(s) that failure to do so may result in suspension from participation. I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of the volleyball/basketball program, including but not limited to, promotion of future events or other promotional use. Consents:I, the undersigned parent/guardian of _____ (Participant's printed name) do hereby grant authority to the staff of Ohio Nets Sports Complex to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

(Signature of Parent or Guardian) (Date)

Summer League Registration/Waiver:

Player's Name: _____

Address: _____
(street) (city) (zip)

Home Phone: () **Parent's cell:**()

Parent's email: _____ **School:** _____

Date of Birth: _____ **Grade: (Fall '09)** _____

Emergency Contact Name: _____ **Phone:()** _____

Team Name: _____

Waiver / Exclusionary Clause

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I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of the volleyball/basketball program, including but not limited to, promotion of future events or other promotional use.
Consents

I, the undersigned parent/guardian of:

-----do hereby grant authority to the staff of Ohio Nets Sports Complex to render a
(Participant name-printed)
judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

(Signature of Parent or Guardian)

(Date)