



**COST OF CAMP:\$ 50.00**

***Skyline Eagles Youth Volleyball Camp***

**DATES & TIMES: September 24-27 4:30 pm - 6:00 pm**

**GRADES INVITED TO PARTICIPATE: 4-8 grade boys and girls**

*This camp is designed to help students improve their volleyball skills.*

**Camp Facilitator Mondo Begay Camp Location Skyline High School Aux Gym**

**For more information contact camp facilitator at: [MondoSkyline@gmail.com](mailto:MondoSkyline@gmail.com) 801-633-4715**

***Make checks payable to Skyline High School. Write Skyline Youth Volleyball Camp on the memo line. Mail the form and check to Skyline High at 3251 E. 3760 So. SLC, 84109. Or bring the form into Skyline and pay in person. Office hours are: 8:00 am - 2:00 pm***

**Name of Participant \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_**

**Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School Grade \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Name of Parent or Guardian \_\_\_\_\_ Email \_\_\_\_\_**

**Phone \_\_\_\_\_ (mobile) Phone \_\_\_\_\_ (Secondary)**

**In case of emergency please notify \_\_\_\_\_ Phone \_\_\_\_\_**

**ASSUMPTION OF RISK, LIABILITY RELEASE**

1. I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to me and/or my child. In consideration of my child being permitted to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Granite District, and its officers and employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Granite District activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
2. I hereby authorize Granite District camp staff to act on my behalf in accordance with their best judgement in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will be billed for such emergency treatment.
3. **This camp is voluntary and is in no way a condition or pre-requisite for student participation to any program, team or school sponsored activity held within the Granite District.**
4. By signing this assumption of risk and liability release I acknowledge that I have read its contents, understand and agree to its terms.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paid