



## ***WOMEN'S HIGH SCHOOL VOLLEYBALL CAMP***

**DATES:** June 28<sup>th</sup>, 29<sup>th</sup> & 30<sup>th</sup>

**TIME:** 9:00am – 12:00pm

**COST:** \$110.00

**GRADES:** 9<sup>th</sup> – 12<sup>th</sup>

**LOCATION:** Ansonia High School  
Ansonia, CT

Please complete the attached registration forms with payment to your coach.  
Make checks payable to: Connecticut Speed School, LLC. For more information  
you can visit our website at [www.ctspeedschool.com](http://www.ctspeedschool.com).



## Volleyball Registration & Waiver Form

***\*\*Please Print Clearly\*\****

Child's  
Name:

Age:

Birth Date:

\_\_\_\_\_

Name of Parent/ Guardian:

\_\_\_\_\_

Address:

\_\_\_\_\_

City/Town:

State:

Zip Code:

\_\_\_\_\_

Contact #:

\_\_\_\_\_

Email:

\_\_\_\_\_

**Please make checks payable to Connecticut Speed School and mail to Connecticut Speed School, 2 Country Club Close, Orange, CT 06477.**

No refunds will be granted for any reason after specified dates. PARTIAL refunds will be granted for medical reasons only and you must have a signed physicians excuse. A administrative fee will be deducted before any refund is made. No refunds will be given once a camp or program begins. All cancellations must be in writing, e-mail or fax. Cancellations will not be accepted over the phone.

**WAIVER & RELEASE FORM**  
**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

I give my approval and consent to the participation of \_\_\_\_\_ (child's name) in the Connecticut Speed School, LLC's (hereinafter referred to as "School") programs, events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, MY CHILD'S LEGAL GUARDIAN AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the School's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/ or in the School itself, I will remove my child from the participation and bring such attention of the nearest School official immediately; and,
4. I myself, my spouse, my child's legal guardian, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the School and their respective officers, affiliates, agents, representatives, successors, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the School's programs, events and activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, legal guardian, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in the School, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and,
6. I certify that my child is physically fit to take part in all School programs, events and activities; and,
7. I pledge my child's compliance to any and all School rules and understand that my child could be dismissed from the School's programs, events and/or activities for any conduct not in the best interests of the School and that no part of my child's registration fee will be refunded; and,
8. I authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending physician or emergency medical personnel while participating in the School's programs, events and activities.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Print Name Clearly)

Date Signed: \_\_\_\_\_

Please list any allergies and/ or medical conditions, including those requiring maintenance of medication (i.e. bee stings, diabetes, asthma, seizure disorders). The purpose of this information is to ensure that medical personnel have timely and accurate pre-existing medical condition information which may interfere with or alter treatment.

\_\_\_\_\_  
\_\_\_\_\_