

Camp Orchard Hill Teen/Adult Gender Blind Volleyball League Team Registration Form

_____ Session 1: Nov.-Dec. _____ Session 2: Jan.-Feb.

Team Name: _____

Captain/Contact Person: _____

Phone: _____

Address:

Email Address: _____

Team Roster: A player must be on this list in order to play for a team. Rosters can change up until the first game.

Player Name	Age	Contact Information: Phone # and Email Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Fee: There is a \$180 team fee. This must be paid with registration completion on or before; Session 1: October 23rd, 2012 Session 2: December 21st, 2012. Checks can be made payable to Camp Orchard Hill please put Volleyball in the memo area.

Waivers: Each member of the team must have a waiver signed by a parent/guardian or if over 18 filled out by them self prior to being allowed to play. These waivers will be given to Jody and kept on record for the duration of the league.

I have read and understand the fees and procedures that must be followed in order to play in the COH volleyball league.

Team Captain's Signature: _____ Date: _____

For Office Use Only

Paid: _____

Cash/Check Amount: _____

Date: _____

Camp Orchard Hill Gender Blind Volleyball League

Individual Waivers

I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change.

I therefore agree that my child/ward may participate in all camp activities including travel off property. Also, I give permission for COH to use images and recordings of my child/ward without further compensation for the purpose of promoting COH. I realize that in the event of an illness or injury while at camp or participating in it's activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear all the cost of all such treatment. I also agree to hold harmless, COH, its staff and board of directors from any and all liabilities, claims, demands, and causes of action whatsoever may arise due to the participation of myself or my child/ward in said activities.

1. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

2. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

3. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

4. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

5. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

6. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

7. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

8. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

9. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____

10. Player Signature: _____

If not 18 Parent/Guardian Signature: _____ Date: _____