

2024 SIC Volleyball Camp Registration

July 29th, 30th, & 31st 2024 at SIC Gymnasium

Grades 3-5 \$75 9:00-10:30

Grades 6-8 \$125 11:00-1:00

Grades 9-12 \$125 2:00-4:30

Athlete's Name _____

Age _____ Grade for 2024-2025 _____

Address _____

City _____ State _____ Zip _____

Cell Phone (____) _____

Please note any special medical condition of which I should be aware of:

T-Shirt Size: Choose One: **Youth** S M L **Adult** S M L XL XXL

Return to Jon Watts either by email, jon.watts@sic.edu, or day of clinic.

Please Arrive 15 minutes before your session starts.

Make checks payable to: SIC Volleyball

You must have this release complete as well as camp fee in order to participate in camp

RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

Purpose: To release Southeastern Illinois College from any and all liability for the claim(s) of a participating camper and/or the claim(s) of such camper's parents or legal guardian that might arise as a result of the camper's participation in the volleyball tryout and its programs and activities.

I/We recognize the possibility and risk of injury associated with my/our child's participation in the tryout. In consideration of Southeastern Illinois College accepting my/our child as a registrant for and participant in the camp, as the parent/legal guardian of _____ date of birth: _____, I/we hereby release, discharge and/or otherwise indemnify Southeastern Illinois College/SIC Foundation and agree not to seek or to hold Southeastern Illinois College responsible, its agents, employees, and the above-named sponsor from any claim(s) by or on behalf of the camper or myself/ourselves for injuries of any kind, including but not limited to those caused or allegedly caused by the negligence of Southeastern Illinois College, its agents, or its employees, as a result of or in connection with the camper's participation in the summer camp and its programs and activities.

Signature of Parent/Guardian: _____ Date: _____

Phone Number: _____

Email: _____