

IHPC

Registration Form

Please Indicate Your Choice

T-Shirt Size (Adult Sizing) XS S M L

Camp Features

5 half days (3 hrs per day) of advanced skill development for athletes 12 -17 year olds
OVA registered club member to date (2021 - 2022 season)

\$225/camper

Monday August 8 - Friday August 12 (Registration Deadline: June 30)

Camper Information

Camper Name: _____ Age: __ Gender: M/F

Club Name: _____

Parent/Guardian: _____

Address: _____

Phone Number: (____) _____ Cell Number (____) _____

Email Address: _____

Emergency Contact: _____

Circle One:

Morning wave: 12 - 14 years of age (8:30-11:30)

Afternoon wave: 15 - 18 years of age 12:30-3:30)

e-transfer @ al.davis40@yahoo.ca

Forms Emailed: davistim6699@yahoo.ca

Or

Make Cheques Payable to Tim Davis
Mail Completed Form, Waiver and Cheque to:
Tim Davis
52 Weber Drive
Georgetown, ON L7G 1C4

Impact High Performance Volleyball Camp

Acknowledgement of Risk and Medical Authorization

Athlete Name: _____

Sport/Activity: IHPC

ELEMENTS OF RISK NOTICE: Athletics;

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the athlete, or its employees or agents, or the facility where the activity is taking place. A athlete choosing to participate in the Athletic activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The IHPC attempts to manage, as effectively as possible, the risk involved for students while participating in athletics.

MEDICAL SERVICES AUTHORIZATION (Optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the camp/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anaesthesia and drugs. I understand that any cost will be my responsibility.

Parent/Guardian Signature: _____ Date: _____

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement:

I/We have read and understand the notices of Elements of Risk.
____ (initials of Parent/Guardian)

I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident-insurance coverage.
____ (initials of Parent/Guardian)

I/We give permission for my son/daughter/ward to participate at the IHPC

Signature of Parent/Guardian _____ Date _____