

Volleyball Camper Form

(to be completed by parent or legal guardian)

School Team: _____

School Coach: _____

Coach Home phone: _____

Player's Name: _____

Email Address: _____

T-shirt Size: _____ Medium _____ Large _____ Extra Large

Date of Birth: ____ / ____ / ____ Age at Camp: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Parent's Name: _____

Parent's Day Phone: (____) _____ - _____

Parent's Work Phone: (____) _____ - _____

High School Year of Graduation: _____ Position: _____

I will be attending:

_____ Team Volleyball Camp (July 21-23, 2003)

I will be:

_____ A Team Camp Commuter (\$105)

_____ A Team Camp Resident (\$135)

**Team Campers: Please complete camper form in its entirety.
Turn your money and form into your coach.**

Parental Consent: I hereby certify that my daughter is in general good health and has my permission to participate in the Family First Sports Park Volleyball Camp Program. Any pictures and/or video taken during camp may be used at the discretion of the Family First Sports Park.

Signature of Parent or Legal Guardian



8155 Oliver Road
Erie, PA 16509
(814) 866-5425
1-888-8GO-PARK
www.familyfirstsportspark.com

FAMILY FIRST GIRLS VOLLEYBALL TEAM CAMP 2003

FAMILY FIRST WAIVER

In consideration of permission to use, today and on all future dates, the property, facilities, and services of the Family First Sports Park Corp. (hereafter referred to as **FFSP**) I, on behalf of myself, my heirs, personal representative, or assigns, **do hereby release, waive, discharge and covenant not to sue FFSP**, its directors, officers, employees, volunteers, independent contractors, and agents from liability **from any and all claims arising from both ordinary and gross negligence of FFSP** or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in **FFSP** activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY FFSP from all claims resulting from negligence and to reimburse them for any expenses incurred as a result of my involvement at **FFSP**. I further agree to pay all costs and attorney's fees incurred by **FFSP** in investigating and defending a claim or suit if my claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that **FFSP** is not responsible for the injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted, by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Erie County Pennsylvania.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. **I understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, **and intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law in the State of Pennsylvania.

Parent's Signature: _____ **Date:** ____ / ____ / ____