

2010 Volleyball Camp - GRADES 9-12
Co-sponsored by Town of Kendall Recreation Department

Who: Students in Grades 9-12 (having completed 8th-11th grade)

When: August 9th –August13th , 2010 (Monday - Friday)
9:30-11:00 AM

Where: Kendall Jr. Sr. High School Gymnasium
Camp Director: David Heffron - Kendall Varsity Volleyball Coach

Cost:
\$45 includes T-shirt (please include size on form below)



** Family rate (2 or more from a family) - Subtract \$5 from TOTAL**
For additional information, call: David Heffron @ 704-0390

**DETATCH ALONG DOTTED LINE AND RETURN TO: DAVID HEFFRON, 449 Ogden Parma Town Line Road
Spencerport, NY 14559**

ALONG WITH APPROPRIATE FEE (Checks Payable to: DAVID HEFFRON AS SOON AS POSSIBLE)

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Name _____ Age _____ Birthdate _____ Last Grade Completed _____

Address _____ Town and Zip code _____

Parent's Full Name _____ E-mail _____

Telephone _____ Emergency Telephone _____ T-Shirt Size _____

Allergy/Medical
Information _____

Parent's Release and Indemnity Agreement

In consideration of the sums of money expended by the Town of Kendall, the officers and supervisors and/or sponsors to provide for training, equipment and supervision for the minor named above, and other good and valuable consideration, the undersigned parent and guardian of said minor does forever release, discharge and covenant to hold harmless the above mentioned Town of Kendall, its officers and supervisors and/or sponsors and any other volunteer person, their heirs, administrators, executors successors and assigns, from any and all claims, demands, damage costs, expenses, loss of service action, and causes of action belonging to the said minor or to this undersigned resulting from or alleged to have resulted from the participation of said minor in Town sponsored authorized recreation activities. It is further understood that the Town of Kendall does not provide for medical/accident insurance for any of its youth recreation sports programs and it is the sole responsibility of the undersigned parent/guardian to provide such coverage. The undersigned hereby gives permission for the said minor to participate in Town sponsored authorized recreation activities under the sponsorship of the Town of Kendall.

Parent/Guardian Signature _____ Date _____

This program DOES NOT provide health and accident insurance as most families already carry such coverage. Because of this, we ask that you, as a parent/guardian, recognize the element of risk and agree to assume responsibility for yourself and your children. Please provide the following information.

Insurance Company _____ PolicyNumber _____

Name of Parent/Guardian whose name is on policy _____

IF YOU DO NOT HAVE HEALTH AND ACCIDENT INSURANCE, PLEASE SIGN BELOW INDICATING THAT YOU ARE AWARE THAT THE TOWN DOES NOT PROVIDE HEALTH AND ACCIDENT INSURANCE AND THAT YOU WILL BE RESPONSIBLE FOR ANY COSTS FOR INJURIES WHICH ARE SUSTAINED BY YOUR CHILD OR YOURSELF WHILE PARTICIPATING IN THIS PROGRAM.

Date _____

Signature of Parent/Guardian (Do NOT sign if you have Health Insurance, so indicated above)