

FRANKLIN CLASSICAL SCHOOL

2010 Volleyball Skills Camp

When: Middle School Girls (grades 5-8) April 26-29 & May 3-6
High School Girls (grades 9-11) May 10-13 & May 17-20

3:30 to 5:00 PM

Where: Academy Park Gymnasium (old BGA)

Cost: \$75.00 per camper

Please return registration form, attached Permission/Waiver, and payment to:

Seth Witherington
Franklin Classical School
P.O. Box 1601
Franklin, TN 37065

Name: _____

Middle School (5-8) _____ or High School (9-11) _____ (check one)

Parent: _____ Phone: _____

Email: _____



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Permission/Waiver

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that the child named below is capable of withstanding both the physical and mental demands of the activities involved in this endeavor. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release FCS and its teachers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitations) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against FCS or its teachers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless FCS and its teachers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named below may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of FCS to seek and secure any needed medical attention or treatment of the child named below, including hospitalization, if in the agent's opinion such need arises; in doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Camper's Name: _____

Health Insurance Information

Insurance Company _____ Insured ID _____

Group No. and/or Policy No. _____

Insurance Company Phone No. _____

Medical Doctor Name/Phone No. _____ / _____

Emergency Contacts

Names of person(s) and telephone numbers to call in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other information

Other information leaders should know about the child or adult participant:

I represent that I am the parent/guardian of _____ who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission of the child named above to participate in the activities of FCS, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of FCS I hereby consent to this Permission/Wavier, including the Release of Liability above, on behalf of the child, and agree that this Permission/Wavier shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____