



**RICHARD E. WORKMAN**  
**Sports & Wellness**  
**Complex**

# Summer Youth Volleyball Camp

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

I \_\_\_\_\_ have enrolled \_\_\_\_\_ in a youth sports program  
*Parent name* *Student name*

offered by The Workman Sports Complex. I hereby affirm that I am, or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program. In consideration of myself, my heirs and assigns, hereby release by The Workman Sports Complex from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release the by The Workman Sports Complex, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at by The Workman Sports Complex or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by The Workman Sports Complex, for any reason. I understand that my or my child's likeness may be represented and published by the Workman Sports and Wellness Complex. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Age Group**

**Date Range:**

**Time:**

**5<sup>th</sup> – 8<sup>th</sup> Grade**

**July 30<sup>th</sup> – August 2<sup>nd</sup>**

**8:00am-10:00am**

**9<sup>th</sup> – 12<sup>th</sup> grade**

**July 30<sup>th</sup> – August 2<sup>nd</sup>**

**10:30am-12:30pm**

**Fee: \$55.00/Member**

**\$75.00/Non-Member**

**There are limited openings for this program.**

**Registration will close when program meets max number.**

Payment Method: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_ Date \_\_\_\_\_ Employee: \_\_\_\_\_