

PALLISER REGIONAL SCHOOLS
Registration Form
for CCS Volleyball Preparation Camp

Program: CCS Volleyball Preparation Camp

Date: August 27 - 31, 2018 Time: 9am- 12pm or 1:00 - 4:00 pm

Destination: CCS Secondary Gymnasium

Please complete all areas of the form below

Name : _____ Grade: _____ School:

Alberta Health Care #:

Parents names

Home
phone:

Parents
Cell:

E-mail address:

Mailing address:

Emergency name & number:

Payment: (cheques payable to Calgary Christian School)

Cost: \$150.00

Payment Method:	Cash:	Debit:	Cheque:	Credit Card:
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PAID: (for office use only)

PALLISER REGIONAL SCHOOLS
Informed Consent/Permission Form
for Volleyball Camp

DETAILS OF CAMP

Program: CCS Volleyball Preparation Camp

Date: August 27 – 31, 2018 Time: 9am – 12pm; 1:00 – 4:00 pm

Destination: CCS Secondary Gymnasium

Summary of Activities: Volleyball training and playing

Cost to Student: \$150.00

ELEMENTS OF RISK

Educational activity programs such as sports camps involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injuries which may result from participating in Volleyball Camp.

1. Sprained fingers _____
2. Sprained ankles _____
3. Hit by a volleyball _____
4. Collision with another player _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student or the School Board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that your/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Volleyball Camp, you must understand that you bear the responsibility for any injury that may occur.

The Board of Trustees of Palliser Regional School Division No. 26 does not provide accidental death, disability or dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

We have read the above. We understand that by participating in the activity described above, we are assuming the risks associated with doing so.

Signature of Student _____

Date

Signature of Parent/Guardian _____

Date

PERMISSION

I give _____ (name of student) permission to participate in the Volleyball Camp to be held on August 27 - 31, 2018

Signature of Parent/Guardian:

Date:

Please sign and return this page.

First come first served. (During the summer months please send an email to mark.jonker@pallisersd.ab.ca: Do not drop forms off at the school)

Late registrations may be accepted if room is available.

Mail to: Calgary Christian School
5029 26th Ave SW
Calgary, AB T3E-0R5

Email: mark.jonker@pallisersd.ab.ca