

# **2024 COED YOUTH VOLLEYBALL CAMP**

## **with Cut Shot Volleyball!**

*Instruction includes Serving, Passing, Setting, Hitting, Digging...*

**AGE: COMPLETED GRADES 5<sup>TH</sup>, 6<sup>TH</sup>, 7<sup>TH</sup>, OR 8<sup>TH</sup>**

**FEE: \$65 (\$75 nonPASD)**

**MONDAY THRU THURSDAY- JULY 22, 23, 24, & 25**

**OR New this year- HALF WEEK- Pick any 2 days without a t-shirt for \$35**

**5:30PM - 7:30 PM @ Ridge Road Complex- 400 Ridge Rd, Palmyra**

**\*Please bring a large water bottle with your name to camp!**

**\*REGISTER BY MONDAY, JULY 8<sup>TH</sup> TO GUARANTEE A T-SHIRT IF YOU ARE PARTICIPATING THE ENTIRE FOUR DAY WEEK \***

**REGISTRATION CLOSED AFTER JULY 15<sup>TH</sup>**

NAME: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_ Grade Fall 2024 \_\_\_\_\_ School District \_\_\_\_\_

PARENT(S)/GUARDIAN INFO:

GUARDIAN #1: \_\_\_\_\_  
name address

(H): \_\_\_\_\_ (C): \_\_\_\_\_ Best E-Mail: \_\_\_\_\_

GUARDIAN#2: \_\_\_\_\_  
name address

(H): \_\_\_\_\_ (C): \_\_\_\_\_ Best E-Mail: \_\_\_\_\_

Allergies/Health issues: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

I confirm that my child is medically fit to take part in this activity Y \_\_\_\_\_ N \_\_\_\_\_

Our family resides in:

North Londonderry South Londonderry Palmyra Boro Other

\*\*\*\*\*I WOULD LIKE TO PARTICIPATE JUST 2 DAYS OF CAMP WITHOUT A T-SHIRT INCLUDED FOR \$30 INSTEAD OF THE 4 DAY CAMP- YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*\*\*IF YES THE TWO DAYS I CHOOSE TO PARTICPATE ARE: (CIRCLE 2) MONDAY TUESDAY WEDS THURSDAY

Tank T-Shirt Circle One - Youth Small (6-8) Youth Med (10-12) Youth Large (14-16) Adult Small Adult Med Adult Lg

Permission given for photos to be taken/used in Recreation publicity Y \_\_\_\_\_ N \_\_\_\_\_

Amt Rec. \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check (CK # \_\_\_\_\_) \_\_\_\_\_ Money Order

**Palmyra Recreation and Parks Commission (PARPC) (9/09)**  
**WAIVER AND RELEASE FORM**

In consideration of being allowed to participate in any way in the Palmyra Area Recreation and Parks Commission athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

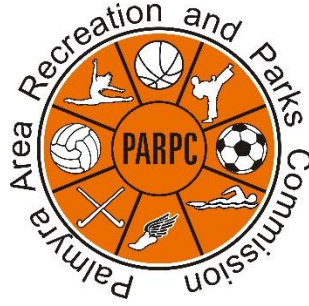
1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my/my child's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself/my child from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release the Palmyra Area Recreation and Parks Commission, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releasees) with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise.
5. I, for myself/my child and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby indemnify and hold harmless all the above releasees from any and all liabilities incidental to my/my child's involvement or participation in these programs.

**I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

\_\_\_\_\_  
Parent or Guardian's Signature for  
Minors Under Age 18

\_\_\_\_\_  
Minor's Name

Date Signed \_\_\_\_\_



## **Palmyra Area Recreation and Parks Commission Participation Waiver for Communicable Diseases Including COVID-19**

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges. The COVID-19 virus is a highly contagious illness that primarily attacks the upper respiratory system. The virus that causes COVID-19 can infect people of all ages. Research from the Centers for Disease Control, among others, has found that while children do get infected by COVID-19, relatively few children with COVID-19 are hospitalized. However, some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable. While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to students, coaches, and their families.

The PARPC will take the necessary precautions and recommendations from the federal, state, and local governments, CDC, PA DOH, WHO, as well as the NFHS and PIAA. The PARPC realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations will be adjusted as needed and as new information becomes available in order to decrease the risk of exposure for our staff, program participants, and spectators.

I understand that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. While particular recommendations and personal discipline may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation. I willingly agree to comply with the stated guidance put forth by the PARPC to limit the exposure and spread of COVID-19 and other communicable diseases.

Sport: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date \_\_\_\_\_