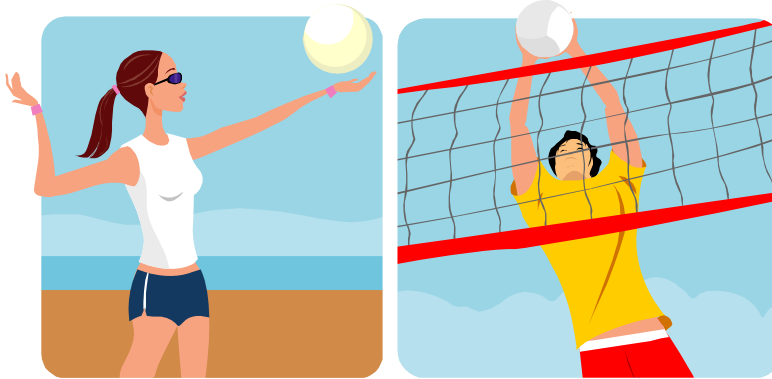


Junior High Volleyball Camp  
Girls & Boys Grades 5-8



Sundays August 1<sup>st</sup> thru 31<sup>st</sup> 4:30-6pm

\$50.00

Palos Courts

12221 S. Ridgeland Avenue Palos Heights, IL 60463

(708)389-9100 ext 10 [paloscourts@yahoo.com](mailto:paloscourts@yahoo.com)

Mail entry or call to register

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF ("CHILD"), I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE PALOS COURTS LLC AND ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "PALOS COURTS LLC") FROM ALL CLAIMS ARISING OUT OF OR CONNECTED WITH CHILD'S PARTICIPATION IN ANY PALOS COURTS LLC PROGRAM. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE. FURTHER, I GIVE PERMISSION TO PALOS COURTS LLC TO TREAT CHILD OR ARRANGE FOR MEDICAL CARE OR TREATMENT FOR CHILD IN ANY SITUATION DEEMED REASONABLY NECESSARY BY PALOS COURTS LLC. IF CIRCUMSTANCES PERMIT, PALOS COURTS LLC SHALL COMMUNICATE FIRST VIA TELEPHONE WITH THE FOLLOWING EMERGENCY CONTACTS FOR CHILD:

X \_\_\_\_\_  
PRINT NAME HERE

X \_\_\_\_\_  
SIGN NAME HERE

X \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE