

2021 Defender Volleyball Camper Registration Form
For more info/questions, email: Defenderclubboosters@gmail.com

Camper Name: _____

Address: _____

Phone #: _____

Current School: _____ **Grade Level:** _____

Shirt Size:

_____ **YM** _____ **YL** _____ **YXL** _____ **S** _____ **M** _____ **L** _____ **XL**

Parent/Guardian Name: _____

Phone #: _____

Allergies (food/drug)/health concerns:

Camp attendance is on a “first come, first serve basis”. \$25 deposit must be paid with registration. Deadline is July 5th. Please mail payment and form to OPCA Athletics, Attn: Renee Moody 8964 Old Plank Rd Jacksonville, FL 32220. \$200 balance to be paid at check in on July 12th (begins at 8:30am). Cash or checks are acceptable. Checks to be made payable to OPCA Athletic Program.



FACILITY WAIVER

Name: _____ **Parent Name:** _____

DOB: _____ **Home Ph:** _____

Address: _____ **Cell Ph:** _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT:

I, the undersigned, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate or to allow my child to participate in events at this facility at my/our own risk. I understand that as a spectator, myself and/or my children enter this facility at our own risk.
2. I understand that there are certain risks and hazards involved in participating in or attending event(s) which may result in injury or death to me or other players, including, but not limited to those hazards associated with the weather conditions, playing conditions, equipment and/or other participants.
3. The Player acknowledges that participation in volleyball may expose the player to communicable diseases, including without limitation, viruses such as COVID-19, or other illnesses such as the flu. With full understanding of the potential risks, the player hereby knowingly and freely assumes all such risks, both known and unknown, even if arising from the negligence of the released parties and assumes full and sole responsibility for the players participation in and travel to such activities and for the safeguarding of the players health.
4. I understand that the very nature of the event/activity is hazardous and risky. Further, I, the undersigned player, agree that in consideration for the right to participate, and in consideration for permission to utilize the premises, parking lot, and courts, I will assume all risks associated with play or non-play whether it be injury or illness.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME- PRINT _____

SIGNATURE OF PLAYER IF OVER 18 _____ DATE _____

NAME OF PLAYER-PRINT _____