

2024 Summer Sports Bash

Volleyball Skills Camp (7 to 13 years old)

Join MEFIYI (Me-For-Incredible-Youth, Inc.) for fun and informative Sports Camps with instruction for Boys & Girls who want to enjoy, learn and improve their skills in Volleyball. Clinics will focus on fundamentals and will include emphasis on playing games.

LET'S PLAY VOLLEYBALL

June 18, 19, 20 June 25, 26, 27

Volleyball Clinic

Times: 11:00-1:00pm

WHERE:

Douglas Co. Community Center 1329 Waterloo Lane Gardnerville, NV

Instructors:

Suzi Townsell, DHS Volleyball Program DHS Volleyball Coaches and team members

Ages 7 to 13

Volleyball fundamentals and game training

For more information email: team@mefivi.org

Registration Form		
Name:		
DOB:/ Age :	Gender:	
Parent Name:		
Ph: A	lt:	
Email:		
Mailing Address:		
City: Stat	e: Zip:	
CHOOSE CLINIC: \$75 each clinic		
June 18, 19, 20, 2024 (Tues, Weds, Thur)		
June 25, 26, 27, 2024 (Tues, Weds, Thur)		
Total amount due: \$		
Please register with the Douglas		

Attached Waiver must be signed and returned for clinic participation.

County Community Center by phone (775) 782-5500 ext.1

Or in person 1329 Waterloo Lane, Gardnerville, NV 89410

AGREEMENT. WAIVER & RELEASE

child Does / <u>Does Not</u> have any pre-existing medical conditions that might limit his/her participation.		
planation:		
WAIVER & RELEASE		
In consideration of my child/ward participating in the held at Douglas Co. Community Center. I hereby expr MEFIYI and Douglas County, their Boards of Trustees from and against any and all liability or claims arising fr by said child/ward as a result of the acts, omissions, or of MEFIYI or Douglas County while said child/ward in	essly relieve, indemnify, save, and hold harmless s, and all volunteers, agents or employees thereof om <u>illness</u> , injury or damage suffered or incurred conduct of any person other than the negligence	
I understand that this activity can involve risk of injury juries, and injury to bones, joints, ligaments, muscles, at no ailment or organic defect that would make participa	d tendons. I also certify that my child/ward has	
I further agree to assume the responsibility of seeing the fullest extent with the directions and instruction		
CONSENT TO TREATMENT OF MINOR		
I understand it is my responsibility to carry and maintain of an emergency and the parent/guardian cannot be reglas County, or any of their employees, agents, represent emergency treatment as shall be necessary under the circle Laws of the State of Nevada. I further understand and charges/fees incurred in the rendering of said treatment medical insurance.	ached, I hereby authorize MEFIYI and/or Dou- tatives, instructors, coaches, or volunteers to cumstances by any physician licensed under the agree that I will be financially responsible for all	
MINOR PHOTO RELEASE		
I acknowledge that one of the most effective promotioning campers in action and that MEFIYI is concerned w	1	
I give permission to MEFIYI to publish or display pict cations such as brochures, websites, and multimedia pro identity be disclosed by MEFIYI in captions on any ph	sentations given that in no manner will my child's	
I further agree that if photos are taken of my child, with any compensation for the reproduction of such photos	h permission, that I do not expect, nor require, now or in the future.	
PARENTAL CONSENT		
I hereby consent that my son / daughter 2024 Volleyball Skills Camp, and I execute the above behalf. I state that the minor is physically able to participate demnify and hold the persons and entities mention bility, damage, cost or expense which they may incompare that the minor may sustain while participate	articipate in the activity. I hereby agree to in- ed above free and harmless from any loss, lia- ar as a result of the death or injury or property	
AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CON-	TRACT BETWEEN MYSELF, MEFIYI, AND DOUGLAS	
COUNTY AND I SIGN IT OF MY OWN FREE WILL. Parent Signature	Date:	