

TOWN OF RUSH RECREATION DEPARTMENT
2011 Spring Volleyball camp at Monica Leary School Gym
Wednesdays 4/27/11, 5/4/11, 5/11/11, 5/18/11, 5/25/11, and 6/1/11
6:00PM-7:30PM ages 7-12

Cost: Resident \$60.00 resident/\$65.00 non-resident

This form must be completed for each participant.

Participant Information

Participant name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Parental/Guardian Information

Mother/Guardian Full Name: _____ Evening Phone: _____

Father/Guardian Full Name: _____ Evening Phone: _____

Emergency Contact (if different from parent/guardian)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Names of Designated Adults authorized to pick up participant

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

☐ Does this child have any conditions we should be aware of? Yes No

If yes, please list: _____

I, the [parent] [legal guardian] of the child named on the registration form, who is enrolling in the Rush Volleyball Camp, give my approval to his/her participation in activities related to this program. I acknowledge that I fully understand any and all risks which are or may be associated with this program and the child's participation in such program and activities. I represent to the Town of Rush and the Rush Recreation Program that I know of no medical condition which could or should prevent the child from participating in said program.

I further, hereby release, indemnify and hold harmless the Town of Rush and the Rush Recreation Program's respective officers, employees, officials, boards, commissions, committees, and any members of the same and the instructors, contracted employees, and counselors, conducting or taking part in the program. In the case of injury to my child, I hereby waive all claims against teach and all of the above-mentioned persons or entities. I likewise waive, to the extent not covered by liability insurance, any claim against any person, or entity, transporting my child to or from the activities. **PLEASE BRING YOUR CHILD TO SIGN THEM IN AND OUT OF THE PROGRAM. DO NOT DROP OFF YOUR CHILD AT THE FRONT DOOR OF THE SCHOOL.**

Parent/Guardian Signature: _____ Date: _____

Checks payable to: Rush Town Clerk,
Rush Town Hall
5977 East Henrietta Rd. Rush NY 14543