

**Blue Jay Activities Club
K thru 3rd Grade Girls Volleyball 2020**

Player Name: Last _____ First _____
School _____ Grade _____

Guardian or Parent Name: Last _____ First _____
Street: _____ City _____ State _____ Zip _____
Telephone Day: _____ Evening _____ Cell _____

Email

**Starts Saturday August 29TH - at the Central Catholic Activities Center, E Walnut, West Point.
Registration Fee \$15.00, make check payable to GA CC Booster Club. For more information you may call Cherie Kreikemeier 459-1262, or email: cjkreikemeier@hotmail.com You may drop off registration at G.A. school or mail to 742 Hillcrest Rd, West Point, or bring it on Saturday.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending this event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the GACC camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GACC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the event ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless GACC and its employees, camp volunteers, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the GACC, its employees, camp volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any GACC program.

I hereby release any camp worker from all claims resulting from any injuries which may be sustained by my child while attending camp.

Parents Signature _____ Date _____

Yes, I can help _____ No, I can't help _____
Coaching _____ Making phone calls _____ Other _____

_____ cut & save

Bluejay Volleyball clinic at the GA & CC gyms **Aug. 29th Sept. 5th, 12th, & 19th, 8:30 -10:00am**

Thank you for allowing your daughter to attend the Bluejay Youth Volleyball

Please bring an extra pair of shoes to change into or clean out little rocks to help protect the gym floors. The little rocks in our shoes are very damaging to the gym floors. Thank you for helping with this.

