

Murray City Parks and Recreation

SUMMER YOUTH VOLLEYBALL CAMP

June 6-8

Tuesday, Wednesday, Thursday

Location: The Park Center (202 E Murray Park Ave)

Resident \$50

Non-Resident \$60

Deadline

Tuesday, June 6 at 8am

Instructor is Liz McKnight. She has played at both Snow and Westminster college. She has officiated college, club, and high school volleyball for 20 years and has coached this camp for the last 10 years.

Beginner

-Players who are new or still working on most skills

Ages 7-9 8:30am-10:00am (48 max)

Ages 10-13 10:15am-11:45am (48 max)

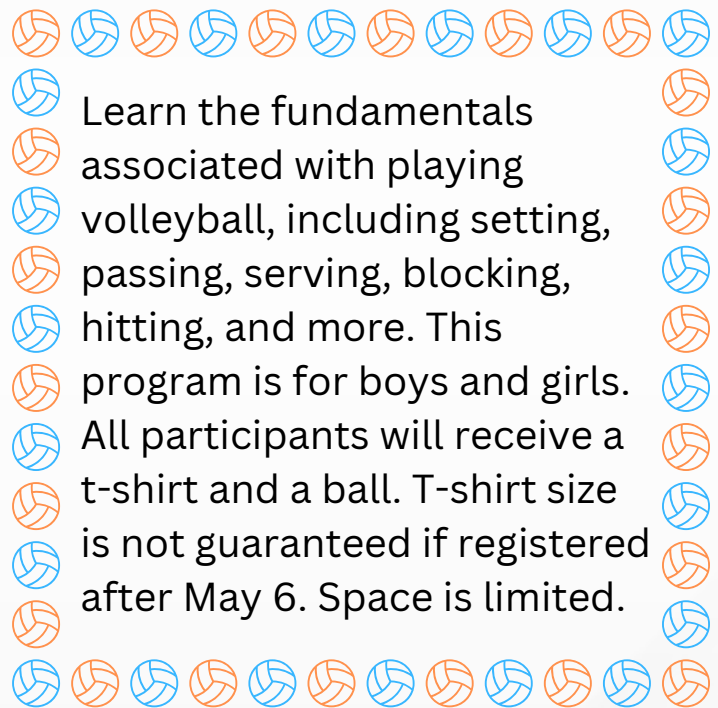
Intermediate

-Players should have prior experience and good command of all skills

Ages 12-15 12:00pm-1:30pm (48 max)

Register online at mcreg.com

Recreation Coordinator: Haley Lewis / hlewis@murray.utah.gov

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- Learn the fundamentals associated with playing volleyball, including setting, passing, serving, blocking, hitting, and more. This program is for boys and girls.
 - All participants will receive a t-shirt and a ball. T-shirt size is not guaranteed if registered after May 6. Space is limited.



Murray City Recreation Summer Youth Volleyball Camp 2023 Registration Form

Name: _____ Male / Female Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent /Guardian Name: _____ Phone 1: _____ Phone 2: _____

Parent/Guardian Name: _____ Phone 1: _____ Phone 2: _____

Email (Required): _____

T-shirt size: YS YM YL AS AM AL AXL (not guaranteed size if registered after May 6).

Does your child have any limitations? No If yes, please explain: _____

How did you hear about the program? Email _____ Murray Journal _____ Murray Website _____ Social Media _____
From a Friend _____ Previous Participant _____ Flyer _____ Poster _____

Participant Releases and Permissions

Concussion Policy: As the parent or legal guardian of _____ (child participant), who is participating in _____ (sporting activity), I acknowledge that I have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that:

my child has not previously sustained a concussion or head injury; or

my child has previously sustained a concussion or head injury and I have provided the City with an acceptable medical clearance.

I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs and fees from concussions or head injuries that arise when I have not complied with the Policy. Initials: _____

Refunds: Refunds must be requested in written form. As per Murray City Parks & Recreation policy & procedures, the Parks & Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the Recreation Coordinator or Recreation Director discretion. Initials: _____

Photo Release: I hereby grant permission to Murray City to use my or my child's/children's photograph, video image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation. Initials: _____

Opt Out: Initial on the line if you do not authorize Murray City to post or publish the name or media of your child participating in Murray City recreation or activities on any Murray City operated website: Initials: _____

Liability Release and Permission to Participate: In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages or death, personal injury, or property damage which I (or my child) may have, or which may hereafter accrue as a result of participation in said event. It is understood some recreational activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. It is further understood and agreed this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, liability release and agree to all of their terms and conditions. Initials: _____

By signing this liability release & permission to participate, refund policy, and media consent, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures, and that I agree to its terms and agreements. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Print Name (Parent or Legal Guardian): _____

Signature (Parent or Legal Guardian): _____ Date: _____

OFFICE USE ONLY: Total Paid: _____ CASH CHECK CARD Date: _____ Staff: _____