GVVL

Summer Camp 2012

Great Valley Volleyball League
19 N.Bacton Hill Rd, Malvern, PA 19355
610-889-9454 or www.gvco.org

For Office Only:
Check #: _____
Amount: _____

Open to Girls and Boys Entering Grades 1st-12th

JULY 9 – 13, 2012

9:00 a.m. – 1:00 p.m.

$125.00 Registration Fee. Make checks payable to GVCO or register online at www.gvco.org.

Parent/Guardian:_____ Player's Name: _____
Address:_____ Birth Date:_____Male_____Female_____
City/State:_____ Zip:_____School Name:_____Grade:_____
Telephone: Home (_____)_____ Cell (_____)_____ Current Age:_____
Employer: Father:_____ Mother:_____
Parent's Email Address:_____
Playing Experience:_____
If different: Parent/Guardian: _____
Address: _____

GVCO/GVVL is run by volunteers – 100%. Your contribution as a volunteer is:
☐Coach ☐Asst. Coach ☐Referring ☐Cleaning ☐Team Parent ☐Fund Raising
☐Misc. Help (i.e.: picture day, passive help at fund raisers, mail flyers, etc.)_____

LEGAL REQUIREMENTS (DO NOT ALTER)
I. INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
The undersigned, parent/guardian of the above named youth, hereby give my permission for this youth to participate in all GVCO activities, including practices, games, tournaments, and travel to and from such events, sanctioned expressly or implicitly by GVCO or its authorized representatives. On behalf of this youth, I assume all risks and hazards incidental to such participation; I hereby release GVCO from any and all liability which may arise from any injury from whatever reason to the above named youth as a result of his/her participation. Further, in consideration of this youth's participation in the GVCO Program, I agree to INDEMNIFY and hold GVCO Affiliated Organizations, the Organizers, Sponsors, Supervisors, Participants, Coaches, Referees, Land owners and any persons transporting this youth to and from GVCO and related activities, HARMLESS for any claim for any injury, damage, loss, costs, and/or expenses of any kind arising out of this youth's participation in these activities, whether such damages are the result of negligence or for any other reason or cause. I also agree to reimburse GVCO or its authorized representatives for such damages incurred by them, on behalf of this youth. I also agree to discharge forthwith, on request of GVCO and its Authorized Representatives, each and every obligation or claim which shall be made, assigned or apportioned against GVCO or its authorized Representatives by any party by virtue of any injury or damage caused to _____ (Player's Name) absolutely.

II. Medical Release
a) In the event of injury or sickness, I authorize GVCO Team representatives to transport and admit the above named youth to any convenient hospital or similar facility for emergency medical treatment. I authorize said Hospital to commence treatment.
b) The above named player has no known medical or allergies except as follows (if none, then the word "none" must be written in this space):
_____.
c) Further, undersigned parent/guardian hereby acknowledges adequate personal medical insurance coverage for the above named youth. No child will be permitted to play without providing to GVCO evidence of insurance coverage.

Health Insurance Policy No.:_____

Health Insurance Company:_____

Parent/Guardian Signature:_____**Date**_____

Photograph Waiver: Great Valley Community Organization (GVCO) would like to post pictures to a photo gallery on the website, www.gvbl.org and/or www.gvco.org. Pictures may be used in future public materials incl. but not limited to posters, brochures, ads, slide shows and the website. By signing, I give my permission to GVCO to use any and all photographs taken of my child_____. I hereby waive any rights or interests that I might have in any or all images. Signature of Parent/Guardian_____Date:_____

The GVBL Center, an entity of The Great Valley Community Organization ("GVCO") is a 501(c)(3) nonprofit organization under the tax code provided by the Internal Revenue Service. The purpose of GVCO includes providing a multi-use indoors facility for community activities, focusing on youth athletics, senior citizen activities and to further community, recreational, charitable and educational programs and events. The official registration and financial information of the Great Valley Community Organization may be obtained from the Pennsylvania Dept. of State by calling toll free, within Penna., 1(800) 732-0999. Registration does not imply endorsement