



Jon Morris Volleyball Camp Registration Form

Participant Information:

Name/Group _____

Address _____

High School/Club/or Group _____ Home Phone _____

E-mail _____ Cell Phone _____

Date of Camp _____

- 1-day Camp Y _____ N _____ 2-Day Camp Y _____ N _____
- 3-Day Camp Y _____ N _____ 4-Day Camp Y _____ N _____

Signature _____

Mail To Jon Morris 914 Jones St, Marshall MI. 49068

Disclaimer: for allowing me and/or my child to participate in the Jon Morris Volleyball Camp program, SPONSERED BY JON MORRIS ENTERPRISE LLC. I understand this form must be completed and that the following are true:

1. I am aware that the volleyball program is a strenuous athletic activity that involves many risks, dangers and hazards for me and/or my child.
2. To my knowledge, me and/or my child is physically capable and fit to participate in the Jon Morris Volleyball camp program. Me and/or my child's known medical problems are the following:

3. If my child is injured, I give my permission to the Jon Morris Volleyball camp to take my child to the nearest place of treatment.
4. I indemnify, hold harmless, and release from all claims the Jon Morris Volleyball camp, its agents, and employees, officials and volunteers, from any and all liability for any injury either real or perceived suffered by my minor child arising from or connected with this program and I assume all risks from any injuries received. In addition, I will obey all Jon Morris Volleyball Camp rules.

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For Jon Morris Volleyball Camp Use Only

Fee Paid _____

Camp Date(s) _____