

Release/Assumption of Risks

I am aware that during the SFCC Women's Summer Volleyball Team Camp certain dangers may occur including but not limited to death, permanent paralysis, and injuries which are a part of the normal high risk potential associated with participation in the various physical activities involved in this sport.

In consideration of, and as part payment for the right to participate in the SFCC Women's Summer Volleyball Team Camp and the services arranged for me by Community Colleges of Spokane, I have and do hereby assume all the above-mentioned risks and any other risks reasonably arising from my participation in volleyball, and will not hold Community Colleges of Spokane, its officials, employees, representatives, agents, assigns and the state of Washington, and their successors and assigns liable for any actions, causes of action, debts, claims, demands of any kind and nature whatsoever, which may arise of, or in connection with my trip or participation in any of the activities arranged for me by Community Colleges of Spokane. The terms hereof shall be binding upon all my heirs, executors, administrators, and for all members of my family including any minors accompanying me.

I, the undersigned, have read this Release/Assumption of Risks and understand its terms. I execute it as consideration and part payment for the right to participate in the aforementioned program or activity provided me and with full knowledge that by this document I have waived all legal rights that I would have otherwise been entitled to enforce.

Dated this _____ day of _____ 2009.

Signatures

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Witness _____

Address _____

City _____ State _____ ZIP _____

Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, gender or age in its programs, activities and employment. Marketing and Public Relations. Printed by SFCC Print Shop. February 2009.



Spokane Falls Community College
 Athletic Department MS 3070
 3410 W Fort George Wright Dr
 Spokane WA 99224-5288
 Address Service Requested

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SFCC Athletic Department

Women's Volleyball

2009 TEAM CAMP

Team Competition July 13-17

Dream. Discover. Do!

SFCC Women's Team Camp

You are invited to participate in the SFCC Volleyball Team Camp to be held at Spokane Falls Community College. Team Camp is open to high school students and is designed to give Inland Northwest athletes and teams the opportunity to practice specific skills to meet their needs. Many young women may not have the time or finances to go away to a volleyball camp. It is the goal of the SFCC program to fill this need.

Dates: July 13-17

Times: 4-10 p.m.

Cost: \$350 per team

Location:

Spokane Falls Community College

Gymnasium, Building 7
3410 W Fort George Wright Dr
Spokane WA 99224-5288

Team Competition:

There is a limit of 12 teams. Each team will be guaranteed 10 matches. This is designed to give local teams the opportunity to practice team skills in competitive situations.

Format:

12 teams divided into 3 pools of 4. Round robin play during Monday and Tuesday. Seeded teams are then pooled again. Match play is the best 2 out of 3 games.

All teams must have a coach!

For additional information:

Jenni Rosselli
(509) 533-3763
jennir@spokanefalls.edu

For a downloadable brochure:

http://athletics.spokane.edu/Bigfoot_Athletics/Sports_Camps.aspx

Registration Procedures

In order to ensure your spot, you MUST return completed **Registration and Release Forms** with the proper amount due. **We will not hold any spots without paid registrations.**

The cost is \$350 per team. Include the total for team competition. You may pay by check, money order, VISA, MasterCard or cash. Make checks payable to SFCC. All registrations must be accompanied by payment. **Do not bring registrations or payments to the gym.**

This is a 12-team tournament; first come, first served.

Mail-in or Walk-in Registration

SFCC Athletic Department

Gymnasium, Building 7
3410 W Fort George Wright Dr MS 3070
Spokane WA 99224-5288

Fax-in Registration

(509) 533-4102

Payment Method

Check/Money Order Credit Card Cash

Credit Card Number

Expiration Date

Name on Card

Signature

V-Code (3 digit number on back of card) ___ ___ ___

Team Registration (Max. 10 per team)

Team Name _____ Coach (contact person) _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

1. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

2. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

3. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

4. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

5. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

6. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

7. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

8. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

9. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

10. Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____