

Phoenix Volleyball Indoor Summer Camp Registration Form

Please fill out form completely and attach a check payable to **Phoenix Physical Arts LLC**, and mail to: **Xiaofeng H. Foret. P.O. Box: 344, Morgan Hill, CA 95038**. Please contact **Xiaofeng Foret @408-348-5149** with any questions.

Name _____
Last First MI

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ School _____ Sex: M __ F __

E-mail Address _____

Home Phone (____) _____ Work/Cell Phone(____) _____

Emergency Contact Person _____ Phone (____) _____

Session (s) _____

Check ___ Cash ___ PayPal ___ Zelle ___

*Refund Policy: No refund or credit will be issued after the first class started.

*No make up lesson will be given.

Agreement and Release of All Liability

I _____, on behalf of my child _____, have voluntarily requested to participate in the Volleyball Training Program offered by Coach Feng. I am aware that attending or participating in these activities involves risk of injury to person and property. I voluntarily accept and assume all risk of attending or participating in these activities. In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child, our heirs, personal representatives and assignees, to not make any claim against or sue Xiaofeng Foret or their employees, officers, directors, agents, members or board members(collectively referred to as "RELEASED PARTIES") for any injury, or damage to my child or myself, or arising from the negligence, or other acts, however caused, of the RELEASED PARTIES. In addition, I release and discharge the RELEASED PARTIES from all actions, claim or demand my children, our heirs, personal property damage resulting from the activities described above. This release includes injury or damage caused by negligence, active or passive, or other actions of the RELEASE PARTIES. I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND AND THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.

The undersigned parent/guardian hereby gives permission for any necessary medical care to be given to my children in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

Date

Name of Participant

Parent's Signature

