



Pioneer Sports Camps 2018

CHECK ALL THAT APPLY:

- Softball-Girls 7th-12th grades (June 27-29) 8:30a-12:30p Volleyball-JH- 5th-8th grades (July 9-12) 4-5:30p
 Volleyball-HS-9th-12th grades (July 9-12) 5:30-7p

Cost per Camp: \$85 Registration Form & Fee due to PCCS by June 22

(Registration/Payment may be dropped in the PCCS mailbox or mailed to 18688 FM 986, Poetry, Texas 75160, Attn: PCCS Athletics)

PARTICIPANT NAME:		Age as of 6/1:	Grade:
Address:		City:	Date of Birth:
Home Phone #:		Other Phone #s:	
Parent/Guardian Name:		Phone # during camp time:	
T-SHIRTS: <input type="checkbox"/> Adult -OR- <input type="checkbox"/> Youth	SIZE:	<input type="checkbox"/> SMALL/MEDIUM	<input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA-LARGE
Emergency Contact during Camp (if we cannot reach you):			Phone #:

RELEASE, WAIVER, INDEMNIFICATION AND HOLD HARMLESS

As used herein: **"PCCS"** includes but is not limited to the nonprofit corporation of Poetry Community Christian School, its directors, officers, administrators, faculty, staff, employees, contractors, agents, and volunteers; **"FAMILY"** means the STUDENT listed above and his/her parents, guardians, siblings, and extended family; **"Activities"** means educational services at PCCS and all related or sponsored activities, organizations, functions, and services on or off campus including, but not limited to educational or social services, athletics, field trips, parties, competitions, courses, organizations & events; **'STUDENT'** means the student listed above.

FAMILY is fully aware that there are inherent risks to participation in Activities, including hazards to STUDENT's person or property and the persons and property of others. Some of these Activities may be physically strenuous. By allowing STUDENT to participate in an Activity, FAMILY declares that STUDENT has no medical condition expected to impair participation in that Activity and FAMILY assumes all risks associated with that Activity.

FAMILY acknowledges that PCCS does not carry STUDENT accident insurance and that it is FAMILY's responsibility to secure and maintain insurance to cover STUDENT's medical conditions and any medical expenses STUDENT may incur in relation to or as a result of any Activities.

FAMILY understands PCCS cannot be expected to anticipate or control all risks & PCCS may need to respond to accidents, injuries, illnesses and potential emergency situations. FAMILY hereby consents to any medical treatment that may be needed, as determined by the person in charge, in connection with PCCS' educational services or other Activities, with the understanding that the cost of any such treatment will be FAMILY'S responsibility. FAMILY agrees to indemnify and hold harmless PCCS for any costs incurred to treat STUDENT or other Family member, even if FAMILY has not signed medical facility forms promising to pay for the treatment.

FAMILY authorizes PCCS to transport STUDENT to and from Activities and in case of an emergency. PCCS will send out notices concerning planned activities and at the earliest opportunity in case of an emergency.

FAMILY authorizes PCCS to perform the functions listed in this Agreement, including giving prescription and nonprescription medication, providing first aid to STUDENT, conducting background checks, and accessing STUDENT's medical and other records and agrees to keep such medical information and Family contact information up to date.

FAMILY authorizes PCCS to photograph, video, or use other digital means to record STUDENT or Activities that may involve STUDENT or Family and/or to use quotes and to publish such items in promotional information (including website, newspapers, yearbooks, local or national media outlets, or social media and the like).

FAMILY acknowledges that PCCS uses or may use surveillance on school premises and authorizes any such surveillance deemed appropriate by PCCS for the safe conduct of school business.

IN CONSIDERATION OF PCCS PROVIDING EDUCATIONAL SERVICES AND OTHER ACTIVITIES TO STUDENT, FAMILY HEREBY RELEASES, WAIVES, DISCHARGES, COVENANTS NOT TO SUE AND AGREES TO HOLD HARMLESS FOR ANY AND ALL PURPOSES PCCS FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, INJURIES (INCLUDING DEATH) OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEYS' FEES AND EXPENSES, THAT MAY BE SUSTAINED BY FAMILY IN CONNECTION WITH ANY ACTIVITIES OR IN CONNECTION WITH ANY OF THE SERVICES OR FUNCTIONS REFERENCED IN THIS AGREEMENT, INCLUDING THOSE SUSTAINED AS A RESULT OF THE SOLE, JOINT OR CONCURRENT NEGLIGENCE, NEGLIGENCE PER SE, STATUTORY FAULT OR STRICT LIABILITY OF PCCS, TO THE FULL EXTENT ALLOWED BYLAW. [THIS FORM DUPLICATES THE TERMS IN THE PCCS AUTHORIZATION FORM].

/We have read this Agreement, had the opportunity to consult an attorney, have not relied on any oral or written representations not stated herein, understand that it involves the waiver and release of valuable legal rights, am signing it voluntarily and for complete consideration, and am intending to be bound by it.*

Parent/Guardian Printed Name(s): _____

Parent/Guardian Signature(s): _____

*If parents are separated or divorced, the custodial parent must sign. If parents have legal joint custody, the signatures of both parents are required.

[Required if 18 years or older]: Student's Signature: _____

