



Leslie Gabriel Volleyball Camp

Team Camp Player Application

High School Team: _____

Camper Name: _____ Year of HS Graduation: _____

Email Address: _____ Cell Phone #: _____

Home Address: _____ Position: _____

City, State, Zip: _____ Date of Birth: _____

Parent Email Address: _____ Home Phone: _____

Mom Name: _____ Mom Cell #: _____ Mom Work #: _____

Dad Name: _____ Dad Cell #: _____ Dad Work #: _____

Emergency Contact (Not your parent): _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION:

Known Allergies: _____ Date of Last Physical: _____

Current Injuries/ Restrictions: _____

Current Medications: _____

Family Doctor: _____ Office Phone: _____

Insurance Company : _____

Policy Holder Name: _____ Policy Number: _____

Additional Comments: _____



Parental Consent Form

I, the undersigned, as the legal parent/guardian of the below named registrant do hereby consent to his/her participation in the 2025 Leslie Gabriel Volleyball Camp. I hereby acknowledge and understand that the camp is a privately run volleyball camp and is not operated by or through the University of Washington. The camp is neither associated or affiliated with, nor is it sponsored, controlled or supervised by the University of Washington, but is under the sole sponsorship, control and supervision of Leslie Gabriel Sports Camps, LLC. As a result, I, for my child and myself, our family, heirs, executors and administrators, do hereby waive, release and forever discharge the University of Washington and its administrators (including the Regents of the University of Washington), officers, employees, staff, agents, representatives, successors and assigns from any and all liability, claims, demands or actions arising out of, resulting from or related to any loss, personal injury, accident or illness (including death), and property damage or loss that may be sustained or occur during my child's participation in, or attendance at the camp.

I acknowledge that the safety and well being of each participant is of paramount importance to the staff of Leslie Gabriel Sports Camps, LLC. Although the camp has taken reasonable steps to provide my child with the appropriate equipment and/or skilled staff, I recognize that there are significant risks inherent in participating in the camp. I also acknowledge that certain risks cannot be eliminated without destroying the unique character of the camp. I understand the camp will take place in a dynamic environment and may expose the participants to certain risks. I acknowledge that the following describes some, BUT NOT ALL, of those risks: risks of personal injury, accidents and/or illness including sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions and/or contusions, dehydration, oxygen shortage (anoxia), and/or exposure, head, neck, and/or spine injuries, concussion, allergic reaction, shock, paralysis or death. I understand the description of these risks is not complete and the unknown or unanticipated may occur during the camp. Despite all these risks, I elect to have my child participate in the camp. My child's participation in the camp is purely voluntary. No one is forcing my child to participate.

I, for my child and myself, our family, heirs, executors and administrators, hereby agree to waive, release and discharge Leslie Gabriel Sports Camps, LLC, its owners, members, managers, employees, staff, agents and representatives (each, a "Released Party") from any and all claims, losses or causes of action including, but not limited to, personal injury or property damage arising out of my child's participation in, or attendance at, the Camp, whether such injury or damage was caused by negligence or any other cause. Further, I, for my child and myself, our family, heirs, executors and administrators, hereby agree to indemnify and hold harmless each Released Party from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, brought as a result of my child's involvement in the Camp and to reimburse each of them for any such expenses so incurred.

I represent and warrant that my child is covered by medical insurance pursuant to the medical coverage set forth on my child's application. Further, I represent that my child is in good health and there are no special problems associated with his/her care. I authorize any Released Party and/or its authorized personnel to call for medical care for my child or to transport my child to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. I authorize the physician or medical personnel selected to provide the treatment deemed necessary by them. I agree that upon my child's transport to any medical facility or hospital, the Released Party shall not have any further responsibility for my child. Further, I agree to pay all costs associated with such medical care and related transportation provided to my child and shall indemnify and hold harmless the Released Party for any costs incurred therein or any claims arising wherefrom.

I expressly agree that this Waiver, Assumption of Risk and Release is intended to be as broad and inclusive as is permitted by law and that if any portion hereof is held invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full force and effect.

I acknowledge that my child's voluntary participation in this sport/fitness activity involves inherent hazards and risks of serious personal injury such as, but not limited to, paralysis, brain damage, loss of vision or limb function, permanent scarring, disability



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and/or death, and I agree to assume those risks outside the control of the University of Washington Staff. I agree to be responsible for assuring that my child has the necessary physical abilities and conditioning to safely participate in this sport.

I understand that UW Recreation or the University of Washington does not provide accident/medical coverage for participants. I further agree that my child has the appropriate accident/medical insurance to provide for the possible future medical expenses which may be required by my child as a result of any injury sustained in participation in these activities.

I have read this Waiver, Assumption of Risk and Release, and fully understand its terms and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and I intend by my signature to the complete and unconditional release of all liability to the greatest extent allowed by law. I hereby state that I am the parent or guardian of the child whose name appears below.

Participant's Name

Date

Parent or Legal Guardian

Date