

MT. ZION
PARKS & RECREATION

VOLLEYBALL CAMP 2025

MT. ZION HIGH SCHOOL
FIELD HOUSE

JULY 7TH - 9TH

1 - 3 GRADE

9 AM - 11 AM

4 - 6 GRADE

11 AM - 1 PM

Camp participants can be introduced to the fundamentals or improve their skills at this camp, instructed by seasoned volleyball veteran, Traci Dyer-Townsend and experienced high school players!

 (217) 864-5424

 t_wilson@mtzion.com

\$50

*waiver required to register

*includes t-shirt!



Mt. Zion Parks & Recreation Department Program Registration Form

<i>Participants Name</i>	<i>Gender</i>	<i>Age</i> <i>(If applicable)</i>	<i>Grade</i> <i>(If applicable)</i>	<i>Camp Name</i>	<i>Shirt Size</i> <i>(If applicable)</i>	<i>Fee</i>
					Total	
					Payments	

Waiver & Release of All Claims and Assumptions of Risk

All participants of Mt. Zion Recreation Programs will be required to complete a registration form and liability waiver. All participants must be registered by the deadline as space may be limited in the programs. Full refunds will only be given in the event that a class is cancelled by the Recreation Department. Refunds will be issued if the participant becomes ill or is injured prior to the start of the class or program. A doctor's excuse will be required. No refunds will be issued to participants once classes are completed. Requests for refunds due to extreme or unusual circumstances will be left to the discretion of the Director of Parks & Recreation. An administrative processing fee will be deducted from all refunds requested by participants. Please allow 30 days for the issue of a refund. Participants may be moved to different levels if the program instructor feels that he/she is performing above or below his/her ability. Instructor and supervisors have the right to remove from any program, without a refund, any participant who is disruptive, violent, or under the influence of alcohol or drugs.

This waiver and release of all claims is provided to the Village of Mt. Zion and Mt. Zion Community Unit School District #3 (School District) in consideration of enrolling the participant in one of more of the following programs. This waiver will be in effect for the duration of each program organized and/or operated by the Village of Mt. Zion, including programs that are scheduled to meet on the property of the Mt. Zion Community Unit School District #3.

The enrollment is hereby acknowledged; the undersigned hereby releases, acquits, and forever waives and discharges the Village of Mt. Zion and School District, its Officers, Board Members, agents, servants, and employees from any and all actions, causes of action, claims, demands, damages, cost, expenses, and compensation claimed to have been received by the undersigned, or the undersigned's minor child, as a result of participating in any Village of Mt. Zion program. This release is valid for any and all programs the participant enrolls in after the date set forth below.

The undersigned recognized that a participant in the above-mentioned program(s) may be exposed to certain risks of injury. The undersigned agrees to be fully responsible for all injuries, including death, and financial losses, sustained by the undersigned as a result of participating in the above program(s).

The undersigned agrees to waive and relinquish all claims the undersigned may have as a result of participating in the above-mentioned program(s) against the Village of Mt. Zion, School District, and its Officers, Board Members, agents, servants, and employees.

The undersigned further agrees to indemnify and hold harmless and defend the Village of Mt. Zion and School District and its Officers, Board Members, agents, servants, and employees from any claims resulting from injuries, including death, damages, and losses sustained by the undersigned and/or the undersigned's dependents that arise out of in connection with or in any way associated with the activities of the program.

I have read and fully understand the above waiver and release of all claims.

Signature (18 years or older or Parent/Guardian) _____ **Date** _____

Name (Parent/Guardian) _____

Address _____ **City** _____ **Zip Code** _____

Email Address _____ **Phone Number** _____