

PLEASE PRINT LEGIBLY!

STAR All Skills Volleyball Camp – June 30 – July 3, 2025

Location: NCVA Facility, 5621 Skylane Blvd., Santa Rosa, CA

REGISTRATION & MEDICAL RELEASE FORM

Fee: \$320 for payments received by 4/30/25; \$360 for payments received after 4/30/25

Please make check payable to **SHARON LOCHERT, P.O. Box 3564, Santa Rosa, CA 95402** or Venmo to **@Sharon-Lochert**

Date: _____

Player's Name: _____ Player's E-mail: _____

Player's Address: _____

Player's Phone: (home): _____ (cell) _____

How many seasons has player played competitive volleyball? School _____ Club _____

Grade entering Fall 2025: _____ School Attending Fall, 2025: _____

Player's Birthdate: _____ Doctor's Name: _____ Dr. Phone #: _____

Name of Health Ins: _____ Ins I.D. # _____

Any known allergies: _____

Any known physical condition(s) that would prevent player from fully participating in volleyball camp: _____

Parent/Guardian's Name: _____ E-mail: _____

Parent/Guardian's Phone: (home) _____ (cell) _____

In the event of an emergency, if parents/guardian cannot be reached, please contact:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Medical Authorization

(I)(We) certify that _____ is physically fit to take part in the activities of the above referenced camp. If during the course of my daughter's activities in this volleyball camp she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care. I agree not to hold NCVA, any individual from the facility or the camp staff, liable for any injury she may sustain while she is participating in camp activities. I authorize emergency medical treatment for my child in the event she needs such treatment and I am unavailable to give consent. Further, (I)(We), the undersigned, parent(s) of _____, a minor, do hereby authorize the principal or designee, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such a diagnosis or treatment is rendered at the office said physical or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall be in effect from June 30, 2025 to July 4, 2025, unless sooner revoked in writing delivered to said agent(s).

Waiver/Release Form

I, the parent / guardian of the _____ (participating player), a minor, agree that the registrant and I will abide by the rules of Sharon Lochert, STAR Volleyball Camps, Tom Houser, NCVA, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury, associated with volleyball and in consideration for Sharon Lochert accepting the registrant for her volleyball programs and activities, I hereby release, discharge and/or otherwise indemnify the Sharon Lochert, STAR Volleyball Camps, Tom Houser, NCVA, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the gym and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs and/or transportation to or from the same, which transportation I hereby authorize. I authorize use of player photos on the league's website or in newspapers.

Parent or Guardian – Signature _____ Print Name _____ (Relation to Player) _____ Date _____

Parent or Guardian – Signature _____ Print Name _____ (Relation to Player) _____ Date _____

Printed Name of Participant _____

Address of Participant _____ City _____ State _____ Zip Code _____