CAMP KAZUL

(Run by the Camp Aim staff!)

Please mail registration and payment to:

Camp KAZUL 4 School Lane Malvern, PA 19355 WWW.GCVSA.ORG

When: June 17 - 21, 2024

Times: 9am – 12pm – Grades kindergarten through 7th grade

Where: GCVSA Line Road Complex

137 Line Road Malvern, PA 19355

REGISTRATION FEE FOR CAMP KAZUL

Early bird (register before March 1) - \$175 First camper (after March 1) - \$200 Additional campers - \$150

Please make checks payable to GCVSA/Camp KAZUL

PARENTS MUST READ AND SIGN BOTH SECTIONS

LEGAL REQUIREMENTS (DO NOT ALTER)

I. INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The undersigned, parent/guardian of the above named youth, hereby give my permission for this youth to participate in all GCVSA activities, including practices, games, tournaments, and travel to and from such events, sanctioned expressly or implicitly by GCVSA or its authorized representatives. On behalf of this youth, I assume all risks and hazards incidental to such participation; I hereby release GCVSA from any and all liability, which may arise from any injury from whatever reason to the above names youth as a result of his/her participation. Further, in consideration of this youth's participation in the GCVSA Program, I agree to INDEMNIFY and hold GCVSA Affiliated Organizations, the Organizers, Sponsors, Supervisors, Participants, Coaches, Referees, Land owners and any persons transporting this youth to and from GCVSA and related activities, HARMLESS for any claim for any injury, damage, loss, costs, and/or expenses of any kind arising out of this youth's participation in these activities, whether such damages are the result of negligence or for any other reason or cause. I also agree to reimburse GCVSA or its authorized representatives for such damages incurred by them, on behalf to this youth. I also agree to and discharge forthwith, on request of GCVSA and its Authorized Representatives, each and every obligation or claim which shall be made, assigned or apportioned against GCVSA or its Authorized Representatives by any party by virtue of any injury or damage caused to (Player's Name) absolutely.

II. MEDICAL RELEASE

- a) In the event of injury or sickness, I authorize GCVSA Team representatives to transport and admit the above named youth to any convenient hospital or similar facility for emergency medical treatment. I authorize said Hospital to commence treatment.
- b) The above named player has no known medical or allergy except as follows *if none, then the word "NONE" must be written in this space*
- Further, undersigned parent/guardian hereby acknowledges adequate personal medical insurance coverage for the above named youth. No child will be permitted to play without providing to GCVSA evidence of insurance coverage.

Health Insurance Policy Number:	Health Insurance Company:	
Parent/Guardian Signature:	Date: I HAVE READ AND AGREE TO SECTIONS I AND II a, b, c	

III. PARENT AGREEMENT (DO NOT ALTER)

As parent of the above-mentioned child, I realize that participating in GCVSA is a privilege; therefore, my family will obey all of the following rules. If for any reason any member of my family or any person who is associated with my family fails to obey the rules or acts in a unsportsman like manner, my family will be asked to leave GCVSA without a refund or any recourse. I realize the rules are for the safety and welfare for all participants of GCVSA, but not limited to players, coaches, referees & spectators.

Rules:

- Parking in "NO PARKING ZONES". I am subject to a sticker on my windshield, towing at my expense or both
- Criticizing the referees, coaches, or any officials is considered poor sportsmanship and will not be tolerated
- Respecting the property: NO throwing stones on the grass, climbing on the goals, playing with the corner flags, dropping trash anywhere but in the trash cans and
- Absolutely NO climbing on the Rutland Memorial

I HAVE READ AND AGREE TO THE PARENT AGREEMENT S	SECTION
---	---------

Parent/Guardian Signature.	
-	