

Sponsored by Crownpoint Health Education &  
HIV Prevention Program  
& Navajo Technical University



# REGISTRATION FORM



**Participant Name:** \_\_\_\_\_ **Community:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_ **9 to 10** \_\_\_\_ **11 to 12** \_\_\_\_ **13 to 14** \_\_\_\_ **15 to 16**

**Check one box.**  **Beginner level**  **Intermediate level**

**Please read and check all boxes.**

- I understand there will be no awards
- I agree to participate to my full potential
- I will cooperate with the coach
- I have my protective equipment (knee pads, etc)
- I will not bring/use any electronic devices during the event
- I will provide my own water bottle.
- I understand this camp is to improve my skills in volleyball.
- I will do my best to have sportsmanship.

**Signature of Participant:**

\_\_\_\_\_

**Signature of Guardian:**

\_\_\_\_\_

**Photo and video release:** Participants will be videoed or photographed by Navajo Nation Health Education Program & Navajo Technical University. This photo release gives NHEP and NTU its approved partners permission to photograph and video and release said photos or videos for publication.

I grant permission to have my photos or videos footage of me in your organization publications.

I release NHEP/NTU of all liability of injury, death, or other damages to me, family, heirs, or assigns that may result from their participation in the vent.

I understand personal information on this form and other information collected during program participation will be kept confidential and may be used in evaluating and researching NHEP

I hereby waive and release all rights and claims for damage against sponsoring organizations, including representatives of any and all injuries sustained by participation of said activity.

**Parent Name:** \_\_\_\_\_

**Signature of Parent:**

\_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Scan and email to: [elias.morgan@nndoh.org](mailto:elias.morgan@nndoh.org), or [glafrance@navajotech.edu](mailto:glafrance@navajotech.edu), or fax to 505-786-2011

**NOTE: Registration ends June 26, 2019 at 5:00 p.m.**

**Not responsible for any theft, injuries, or accidents.**