

PCPC Volleyball Registration

Checks should be made payable to: **Palma Ceia Presbyterian Church** attention: ML Johnson, CE Assistant. Put any additional information on line below sign up box.

	Child #1	Child #2
First & Last Name		
Current Grade		
Date of Birth		
Food Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Food Allergy		
Parent(s) Names		
Home Address		
Home Phone		
Parent Email		
Parent Cell Phone		
Emergency Contact		Phone

**For more than 2 Sign ups-Please use additional forms*

*Minimum of 10 Participants & Maximum of 20 per Clinic. *Aug 6-9th with Coach Kevin*

Please check the box for the clinics you would like to sign up for:

<input type="checkbox"/>	April 30- May 2	Elementary	\$60.00	5:00-7:00 PM	Ck #
<input type="checkbox"/>	April 30- May 2	Middle School	\$60.00	7:00-9:00 PM	CK #
<input type="checkbox"/>	May 7- May 9	Elementary	\$60.00	5:00-7:00 PM	CK #
<input type="checkbox"/>	May 7- May 9	Middle School	\$60.00	7:00-9:00 PM	CK #
<input type="checkbox"/>	June 19-June 21	Elementary	\$60.00	5:00-7:00 PM	CK #
<input type="checkbox"/>	June 19-June 21	Middle School	\$60.00	7:00-9:00 PM	CK #
<input type="checkbox"/>	June 26-June 28th	Elementary	\$60.00	5:00-7:00 PM	CK #
<input type="checkbox"/>	June 26-June 28th	Middle School	\$60.00	7:00-9:00 PM	CK #
<input type="checkbox"/>	July 31-Aug 2	Elementary	\$60.00	5:00-7:00 PM	CK #
<input type="checkbox"/>	July 31-Aug 2	Middle School	\$60.00	7:00-9:00 PM	CK #
<input type="checkbox"/>	Aug 6-Aug 9*	Elementary	\$60.00	1:00-5:30 PM	CK #
<input type="checkbox"/>	Aug 6-Aug 9*	Middle School	\$60.00	1:00-5:30 PM	CK #

Additional Information:

Medical Consent and General Release

I/we do hereby release the staff and officers from liability of accident, illness or injury during his/her participation in the programs that my child is registered for at Palma Ceia Presbyterian Church. I/We authorize the persons presenting this form to call a physician and consent to any transportation, x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable for my/our child in case of emergency. It is understood that a conscientious effort will be made to notify me/us before such action is taken.

Signature _____

Photo Release

From time to time, PCPC uses children's photographs to showcase or advertise programs and camps. Please check here to agree (or not) to allow your child's photograph to be used in any of these publications.

I Agree I Do Not Agree

Refund Policy

Cancellation requests must be made in writing to nicole@palmaceia.org no later than 2 weeks prior to the program start date. A \$25.00 cancellation fee per family will be deducted from all approved refunds. A refund check will be mailed to the Parent/Guardian, once approved, at the address provided on the registration form. Two (2) weeks prior to the start of the program, all fees are Non-Refundable, but we would still appreciate notification if your child cannot attend.

REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED

Palma Ceia Presbyterian Church
3501 San Jose St., Tampa, FL 33629
Office: 813-253-6047
www.palmaceia.org