



Impact Volleyball Camp

IVC Cares Host Family Invitation

HOST FAMILY CONTACT DETAILS

Primary contact:	
Secondary contact:	
Home address:	
Home phone number:	
Emergency phone numbers: Primary contact Secondary contact	
Camp name and distance to from home:	

HOST FAMILY REFERENCES

Employer for primary contact:	
Phone number for employer:	
Second reference from school or community organization:	
Phone number for second reference	

HOST FAMILY MEMBERS

NAME	GENDER	AGE / GRADE	RELATION	ATTENDING IVC
	M / F			YES / NO
	M / F			YES / NO
	M / F			YES / NO
	M / F			YES / NO
	M / F			YES / NO
	M / F			YES / NO

HOST FAMILY LIFESTYLE

SMOKING	YES / NO	Indoor / Outdoor
PETS	Type:	Indoor / Outdoor
DIET	Restrictions:	Requirements:
HEALTH	Condition(s):	Member:

GUEST ACCOMMODATION

Will your guest have their own room? YES NO

If no, what kind of accommodation can you provide?

Will your guest need to contribute to food costs? YES NO

If yes, how much are you asking for the week? \$_____

How did you arrive at this figure?

Please provide any other useful information your guest should know about staying in your home.

- I (We) confirm the accuracy of all information enclosed in the Host Family Invitation Form.
- I (We) and our families, friends, and all other relations release IMPACT VOLLEYBALL CAMP, "IVC", its directors, and anyone or place affiliated with IVC from any liability that could result in inviting a guest into our home.
- I (We) understand that IVC assumes no responsibility for making agreements and arrangements with the guest family on my behalf.
- I (We) understand that IVC assumes no responsibility for collecting money from the guest family on my behalf.
- I (We) understand that IVC assumes no responsibility for any lost, stolen, broken, or missing items or costs accrued as a result of hosting an IVC camp participant.
- I (We) understand that IVC will share this document with our potential guest's parent(s)/guardian(s) after sending me (us) an email informing me (us) of a potential match or matches.

READ THE ABOVE BEFORE SIGNING.

BY SIGNING THIS DOCUMENT, I AGREE THAT I HAVE READ AND UNDERSTOOD THE ABOVE TERMS, AND AGREE THAT IMPACT VOLLEYBALL CAMP IS ONLY EXCHANGING INFORMATION, SO THAT I MAY HOST AN ATHLETE FOR PARTICIPATION IN AN IVC EVENT, AND DOES NOT ASSUME ANY RESPONSIBILITY FOR ANY ACTIONS OR EVENTS BEYOND THE EXCHANGE OF THE INFORMATION ON THIS FORM WITH POTENTIAL GUEST FAMILIES.

BY SIGNING THIS DOCUMENT, I AGREE THAT IT IS MY (OUR) RESPONSIBILITY TO MAKE ALL NECESSARY REFERENCE CHECKS FOR AS WELL AS AGREEMENTS AND ARRANGEMENTS WITH OUR GUEST FAMILY.

Printed Name (Primary Contact)	Signature	Date
Printed Name (Secondary Contact)	Signature	Date

OFFICE USE ONLY

Date received:	Match found:	Rebate transferred:
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