



Impact Volleyball Camp

IVC Cares Host Family Request

REQUESTING FAMILY CONTACT DETAILS

| | |
|---------------------------------------|---------------------------------|
| Parent/Guardian name(s): | |
| Home address: | |
| Primary contact name and phone number | Emergency name and phone number |

REQUESTING GUEST'S REFERENCE

| | |
|------------------|---|
| Teacher or coach | Contact phone and email for reference Phone: Email: |
|------------------|---|

REQUESTING GUEST'S INFORMATION

| | | | |
|--------------------------|-----|--|--------------------------|
| Name | | Cell phone (if taking with to host family) | |
| Gender | Age | Grade entering | School attending |
| 1st IVC location request | | 2 nd IVC location request | Years playing volleyball |

REQUESTING GUEST'S LIFESTYLE

| | |
|---------------|--|
| ALLERGIES | |
| DIETARY NEEDS | |
| HEALTH ISSUES | |
| OTHER | |

| | |
|--|--|
| | |
|--|--|

- I (We) confirm the accuracy of all information enclosed in the Host Family Request 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 staying with a host family.
- I (We) understand that IVC assumes no responsibility for making agreements and arrangements with the host family on my behalf.
- I (We) understand that IVC assumes no responsibility for the facilitating the exchange of any money between the guest family and host family.
- I (We) understand that IVC assumes no responsibility for any lost, stolen, broken, or missing items or costs accrued as a result of staying with a host family for the purposes of attending an IVC event.
- I (We) understand that IVC will share this document with the potential host family (families) 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 MY CHILD/WARD MAY PARTICIPATE 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 POTENTION HOST 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 MY CHILD/WARDS HOST FAMILY.

| | | |
|--------------------------------|-----------|------|
| Printed Name (Primary Contact) | Signature | Date |
|--------------------------------|-----------|------|

| | | |
|----------------------------------|-----------|------|
| Printed Name (Secondary Contact) | Signature | Date |
|----------------------------------|-----------|------|

MINOR PARTICIPANT’S UNDERSTANDING OF RISK

I understand the seriousness of the potential risks involved in staying with a host family and accept them as a participant in the host exchange.

| | | |
|----------------------------|-----------|------|
| Printed Name (Participant) | Signature | Date |
|----------------------------|-----------|------|

| | | |
|------------------------|--------------|-------------------|
| OFFICE USE ONLY | | |
| Date received: | Match found: | Emails exchanged: |