



Camper Registration Form

Name: _____ Age: _____ Grade in fall: _____
Address: _____ Phone: _____
_____ Alt Phone: _____
Shirt size (adult): _____

Insurance carrier: _____ Emergency Contact: _____
Policy #: _____ Phone: _____

Release Information:
In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

Applicant's Signature

Date

Parent/Guardian Signature

Date

All American Volleyball Camp
Incoming 9th-12th Graders

make checks payable to:

Festus R6 School
(memo: All American VB Camp)

Camp Date: 7/17/2017-7/19/2017

Location: Festus High School

Cost: \$159 per camper

Session Times: 9-11:30 & 12:30-3

Send registration and \$50 non-refundable camp deposit to:

Festus High School
Attn: Karen Biehle
501 Westwind Dr.
Festus, MO 63028

Deposit Due: 5/15/17

Balance Due: 7/17/17

Coach's Phone: 636-937-5946