YOUTH VOLLEYBALL CAMP REGISTRATION INFORMATION

Camper Name: _____

School Grade in Fall: _____ **Age:** _____

Address: _____ **Phone:** _____

City: _____ **Zip:** _____

Emergency Contact Name: _____

Emergency Contact#:_____

Secondary Emergency Name and #:_____

Email: _____

Please Circle T-Shirt Size: YS YM YL AS AM AL AXL

RELEASE

PERMISSION/MEDICAL RELEASE: The above student has my permission to attend the Bloom-Carroll Youth Volleyball Camp. I hereby agree that the camper above has been examined and found to be in good physical health. I have no knowledge of any physical impairment that would affect or be affected by this child participating in the camp. In addition, I agree that the camper is physically fit and able to take part in vigiorus activity and should any illness or injury occur, I give consent to allow medical tremtment for the participant. I am aware that any injuries that may occur during camp and I waive, release, and forever discharge Bloom-Carroll Local Schools, the Board of Education, the employees, and the camp authorities from any and all injuries. In addition, I understand that the camp authroities are not responsible for any accidents, medical or dental, incurred during the course of instruction given by staff, and said staff is to be held blameless. I also understand that cooperation and behavior are important and should the participant behave in any way deemed inappropriate, the camp coordinator may expel her from the camp and the fee will not be refunded. Once a fee is paid, there will be no refunds.

_____

Parent/guardian Signature Date

Check the volleyball website for all updated information/announcements at:
www.bloomcarrollathletics.org