Clarinda Middle School Volleyball Camp

Grades 7-8
August 4th-August 7th 2:00-4:00pm
@Clarinda High School
$15 Registration Fee (T-shirt included)

Participant's Name_____

Grade (Fall 2014) _____

T-shirt Size_____

Email _____

Parent/Guardian Name_____

Cell phone_____

Home Phone _____

Please have your child bring a water bottle and wear clothes that are comfortable and easy to move in (no jean shorts) and tennis shoes. If they have kneepads they are welcome to bring them and wear them (not required). **Form and payment are due on July 25th to Coach Lewey. Please make checks payable to Clarinda High School Volleyball.**

Liability Release Form

I hereby waive and release all rights and claims for damages I may have against the director of the camp and Clarinda Community Schools and its employees and agents on account of any injuries or illnesses sustained by my child while attending camp. I acknowledge that the volleyball camp does not provide medical insurance for campers. I assume the risks associated with participating at camp.

Parent/Guardian Signature _____ Date_____/_____/2014