



## 2019 SUMMER VOLLEYBALL CAMP

**Dates: June 5<sup>th</sup>-7<sup>th</sup> (3 day camp) or June 10<sup>th</sup>-11<sup>th</sup> (2 day camp)**

**Location: Heirway Christian Academy, 6758 Spring Street, Douglasville GA 30134**

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### Registration Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in fall 2018: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address (PRINT) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School: \_\_\_\_\_

T-shirt Size: YOUTH: YS\_\_\_ YM\_\_\_ YL\_\_\_ ADULT: SM\_\_\_ MD\_\_\_ LRG\_\_\_ XL\_\_\_

Permission release- By enrollment in the program, permission is given for my child to engage in all program activities except noted by me. I grant permission to FIRST AID treatment and in the event of an emergency for the authorized staff to secure proper treatment for my child. If someone other than the parent/Guardian is picking up your child please make arrangements with the clinic director.

Parent/Guardian Waiver:

I hereby state that we have adequate medical coverage and will not hold the staff of Heirway Christian Academy High School Volleyball Camp liable for any injuries incurred during the session.

Signature: \_\_\_\_\_

Proof of Insurance policy #. \_\_\_\_\_ Name of Company \_\_\_\_\_

Camp Fee: (Beginner 3 day) \$75.00 \_\_\_\_\_ (Intermediate 2 day) \$50.00 \_\_\_\_\_

**Please return this form with registration or bring to camp.**

Questions call or text: Ashleigh Brown 770-364-0568