

VOLLEYBALL CAMP APPLICATION

CIRCLE ONE

BOY - GIRL

Today's Date: _____

Athletes Name _____ Parent's Name _____

Address _____

Phone No.(H) _____ Phone No.(W) _____

Emergency Person _____ Phone No. _____

Year In School Next Fall _____ Height _____ T-Shirt Adult XL L M S

My child has permission to attend the Volleyball Camp. I certify that within the past year he/she has had a physical examination and that now he/she is physically able to participate in volleyball camp activities without restriction. In event of an illness or injury, I give consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in camp.

I acknowledge that at the Volleyball Camp my child will participate in is a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and at Volleyball Camp he/she may incur a risk of injury. I specifically waive and give up and release Jefferson Volleyball Training Services and staff from liability for any claim for damages which I or my child may have for injuries or illness that he/she may sustain at camp.

Please List Any Medical Conditions or Allergies our staff should be aware of:

*I understand that any pictures taken by Jefferson Volleyball Training Services may be used for promotional purposes.

Parent's Signature _____

*Please make checks payable to: Jefferson Volleyball Training Services

Mail to:

Jefferson Volleyball Training Services
315 Cheyenne Road
Lafayette, NJ 07848

(973) 271-1549

schwarz.mark@gmail.com