

VOLLEYBALL CAMP REGISTRATION FORM

JULY 18TH AND 19TH

CAMP DIRECTOR: MICHELLE JOHNSON

Name: _____

Address: _____

Phone: _____

Grade (2017 – 2018 school year): _____

Parents Name: _____

T-Shirt Size: (circle one)

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

Adult XL

Camp Dates and Times: July 18th and July 19th : 3-5th grade from 10 - 11am and 6-8th grade from 1 – 3pm at Canton High School.

Camp Cost: \$30/per camper (if you have more than one daughter wanting to participate the cost for both will be \$50)

I hereby authorize the director of the Canton High School Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the lesson providers and school district from any liability for injuries while at lessons. I also certify that my daughter(s) is/are medically fit to participate in this program.

PARENTS or GUARDIAN SIGNATURE:

Mail signed waiver and Payment to:

Canton High School
C/O Michelle Johnson
800 N Main St.
Canton, SD 57013

*Signed waiver and payment must be received on or before June 15th to ensure T-shirt.