



Camper Registration Form

_____ Name: Age: _____
 _____ Grade in fall: _____
 _____ Address: _____
 Shirt size (adult): _____ Phone: _____
 Alt Phone: _____

Insurance carrier: _____ Emergency Contact: _____
 Policy #: _____ Phone: _____

Release Information:
 In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

_____ Date
 Applicant's Signature
 _____ Date
 Parent/Guardian Signature



All American Volleyball Camp *featuring Micha Hancock*

Incoming 6th-8th graders
make checks payable to:
EMHS Volleyball

Camp Date: 7/18/2016 & 7/19/2016

Location: Edmond Memorial High School

Cost: \$65 per camper

Session Times: 4-6p

Send registration and full
payment to:

Natalie Murray
11909 Whitney Way
Oklahoma City, Oklahoma 73131

Questions: 405-684-1020

Due: 5/15/2016