



Camper Registration Form

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

Insurance _____ 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.

Applicant's Signature

Date

Parent/Guardian Signature

Date

All American Volleyball Camp
Incoming 6th-8th Graders

make checks payable to:

MKCHS

Camp Date: 7/17/2017 - 7/18/2017

Location: Monsignor Kelly Catholic High
School Centennial Complex

Cost: \$60 per camper

Session 3:45p-5:45p

Send registration and full payment to:

Monsignor Kelly
 Attn: Savanah Desmarais
 5950 Kelly Drive
 Beaumont, TX 77707

Due: 3/10/17

Coach's Email: sdesmarais@mkchs.com