



TALAWANDA VOLLEYBALL CAMP 2012

APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

EMERGENCY PHONE: _____

GRADE (Fall 2012) : _____

Age: _____

Adult t-shirt size (circle one): XS S M L XL

Are there any medical issues of the athlete that should be shared with the coaching staff? If so, PLEASE EXPLAIN ON THE BACK OF THIS APPLICATION.

I hereby authorize the coaches of the Talawanda Volleyball Camp to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release the school and any individual from any and all liability for injuries incurred by my child while at camp.

Parent/Guardian signature

Date

PRINT Parent/Guardian name

