

**Trevecca Volleyball Camp  
Registration Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

School \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone # \_\_\_\_\_

Policy #'s \_\_\_\_\_

**Camp I, June 11-14, 9-4 daily, \$125** (*\$75 non-refundable deposit required*)

**Camp II, July 9-12, 9-4 daily, \$125** (*\$75 non-refundable deposit required*)

**Private Lessons, \$30 hour (Call 248-1317 to schedule)**

***I certify that my child is medically cleared to actively participate in the volleyball camps and give permission to camp staff to seek treatment in their best judgment in the event of an emergency.***

Parent/Guardian Signature: \_\_\_\_\_

Authorized pick up and/or driver's names for campers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* Make checks and deposits payable to:

Trevecca Volleyball Camp  
333 Murfreesboro Road  
Nashville, TN 37210