



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:

Muscatine Volleyball Boosters

Camp Date: 8/1-8/2

Location: Muscatine High School

Cost: \$55 per camper

Times: 3:30-5:30

Send registration and full
payment to:

Tim Martin
 2749 Brookview Road
 Muscatine, IA. 52761

Due: 7/15

Coach's Phone: 563-299-1666