

2017 VOLLEYBALL CAMP REGISTRATION FORM

Athlete's Name _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Grade (fall of 17') _____

Emergency Contact Information:

Name: _____ Phone Number _____

Family Physician _____ Phone Number _____

Camp Details

T-Shirt Size (circle one):

JBS Fieldhouse and Athletic Center
Monday, July 17 – Thursday, July 20 (4 days)
5:30pm – 8:00pm each day

- Youth Small
- Youth Medium
- Youth Large
- Adult X-Small
- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large

4th - 6th Grades \$100/player

7th - 8th Grades \$100/player

9th - 12th Grades \$125/player

****Please send registration form and check (make check payable to John Burroughs School) to Hollie Cosentino: 755 South Price Road, St. Louis, MO 63124.**

We (I), hereby request that you accept the application for enrollment of _____ in the JBS volleyball camp during the dates set forth in this application. We (I) hereby release, John Burroughs School and employees, from all claims as a result of any injuries, which may be sustained by my child while attending the JBS volleyball camp. We (I) hold JBS blameless for any claims, which may hereafter be presented by my child as a result of any such injuries.

We (I) authorize the employees of John Burroughs Volleyball Camp to act for me using their best judgment in any situation requiring medical attention. We (I) know of no physical conditions, which might affect my child's ability to safely participate in the camp.

Parent/Guardian
Signature _____

Date _____