

ALL STAR VOLLEYBALL CAMP REGISTRATION

This page must be printed and faxed to 509-966-1240 or mailed to our office at 5208 West Lincoln Ave. Yakima, WA 98908 or given to Katie Orgill by June 1st, 2009.

All Checks in the amount of \$150.00 must be attached and made out to All Star Volleyball Academy.

Deadline for registration is June 1, 2009.

Camper Name: _____ Age: _____

Mailing Address: _____ Zip: _____

Email Address (optional): _____

- T-Shirt Size (adult sizes) _____
- ***Physical complete (must be attached or unable to participate)***
- *Note: Campers are responsible for their own lunch*

REFUND POLICY:

A camp refund minus a \$75.00 processing fee will be returned if cancellation is received by June 5, 2009. After that date no refunds will be available.

The undersigned hereby releases All Star Volleyball and its staff from any and all claims, demand and causes of action whatsoever in any way growing out of or resulting from participation of the above named camper in the 2009 All Star Volleyball camp.

CONSENT FOR TREATMENT OF A MINOR:

By my signature, I, the undersigned, authorize the staff of All Star Volleyball Academy to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp.

Parent/Guardian Printed Name: _____

Parent/ Guardian Signature: _____

Parent(s): home phone number(s): _____

Parent(s) cell phone number or emergency # : _____