

Camper's Name: \_\_\_\_\_

Grade Entering in fall 2010: \_\_\_\_\_ School: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

**Parent/Guardian Information**

**Mother:** \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father:** \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact (other than parent)**

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**Proof of Insurance**

While a sincere attempt will be made to ensure the safety and well-being of participants, I understand that participating in the sports camp(s) selected involves risk of injury. These risks may include, but are not limited to, inclement weather, contacts with and actions of other participants, slips/trips/falls, sport-specific injuries, and equipment problems. Despite the risks, I choose for my child to participate in the selected camp(s).

By signing this form, I acknowledge that our health insurance is and will be current at the time of the camp, and that my child is physically capable of participating in camp activities. The information I have provided is complete and correct. I also acknowledge all risks of injury connected with participation in the selected camp(s).

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Volleyball Boot Camp** – June 29<sup>th</sup> thru August 6<sup>th</sup>  
Location: Valley View Gym

**Tuesdays and Thursdays**  
Session A – 2:00 to 4:00  
Session B – 4:00 to 6:00

*Fee for all 12 sessions: \$300*     

**Volleyball Summer League** – June 12<sup>th</sup> thru August 7<sup>th</sup>

**Saturdays** - 9:00 to 12:00 – ages 10-14  
1:00 to 4:00 – ages 15-16

*Fee for all 8 sessions: \$200*     

**Amount enclosed:** \_\_\_\_\_

**Send check to:**

Alpine Volleyball Club  
PMB 584  
12042 SE Sunnyside Rd.  
Clackamas, OR 97015