

Camper's Name: _____

Grade Entering in fall 2009: _____

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:** _____



Summer Junior Camp – (6) Saturdays – May 30th **Check Box**
Session 1 Grades 3-6 - 9-12:00 \$120
Session 2 Grades 7-8 – 1-4:00 \$120

Ryan Millar Boys Camp – August 12
Location: Rex Putnam High School
Session 1 – Boys Camp 1-4:00 pm \$50

Ryan Millar Special Skills Camp – August 9 – 12
Location: Rex Putnam High School

Sunday, August 9th
Session 1 – DS / Libero 6-8:00 pm \$35

Monday, August 10th
Session 2 – Middle Blockers 6-8:00 pm \$35

Tuesday, August 11th
Session 3 – Attacking 6-8:00 pm \$35

Wednesday, August 12th
Session 4 – Setters (hitters welcome) 6-8 \$35

Register for all 4 sessions: \$120

Amount enclosed: _____

Send check to:

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