

VOLLEYBALL CAMP 2010
JUNE 14-16, 2010 — 2:00-4:30 P.M.

Name _____ Grade _____ T-shirt Size _____

Address _____

Emergency Contact _____ Relationship _____

Day-time Phone (_____) _____ Emergency Phone (_____) _____

“I am hereby giving my consent for my child to participate in Volleyball Camp for this week of June 14-16, 2010. I am also aware that these activities are carefully arranged and adequately supervised by adults under the leadership of Coach Melanie Stallings. I give permission for my child to be included in all activities associated with the Peoples Baptist Academy Volleyball Camp. Furthermore, I extend the medical permissions to govern emergencies in which my child may be involved during this camp.”

Parent's Signature _____ Date _____

For office use only

Amount Paid _____ Payment Form _____ Date _____ Received by _____

VOLLEYBALL CAMP 2010
JUNE 14-16, 2010 — 2:00-4:30 P.M.

Name _____ Grade _____ T-shirt Size _____

Address _____

Emergency Contact _____ Relationship _____

Day-time Phone (_____) _____ Emergency Phone (_____) _____

“I am hereby giving my consent for my child to participate in Volleyball Camp for this week of June 14-16, 2010. I am also aware that these activities are carefully arranged and adequately supervised by adults under the leadership of Coach Melanie Stallings. I give permission for my child to be included in all activities associated with the Peoples Baptist Academy Volleyball Camp. Furthermore, I extend the medical permissions to govern emergencies in which my child may be involved during this camp.”

Parent's Signature _____ Date _____

For office use only

Amount Paid _____ Payment Form _____ Date _____ Received by _____