TRI-STATE CHAMPIONSHIP VOLLEYBALL CAMP REGISTRATION

Applicant's Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ School _____ T-Shirt Size (S M L XL XXL)
Adult Sizes

Age _____ Grade in September,2001 _____ Position(s) _____

Parent's Name _____ Parent's Work Phone _____

Coaches Name _____ Coaches Phone _____

PARENTAL RELEASE

I hereby authorize the staff of the Tri-State Championship Volleyball Camp to act for me according to its best judgement in any emergency requiring medical attention and I hereby waive and release the camp personnel and Mediapolis High School from any and all liability for illness the camper may incur while at camp. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the camp program as outlined in the brochure.

Parent's Signature _____ Date _____

Mail registration and camp fee payable to: Dennis Jandrey, Mediapolis Volleyball Coach, 202 N. Harrison, Mt. Pleasant, IA 52641

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