

Junior Dreads Volleyball Clinic with Coach Angie Scott

Camper Registration Form

Name: _____ Age: _____ Parent Name: _____
Address: _____ Parent Phone: _____
_____ Parent Phone Alt: _____

Grade in fall: _____ Parent Email: _____

Release Information:

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

Applicant's Signature

Date

Parent/Guardian Signature

Date

Registering for: **session 1** **session 2** **both**

For incoming 6th-8th graders

Max 40 campers per session

Session 1: June 19, 20, 22, 23

Times: 9am-11am

Location: Creekside Gym

Cost: \$95 per camper

Registration due: June 9th

Session 2: August 14, 15, 16, 17

Times: 9am-11am

Location: Creekside Gym

Cost: \$95 per camper

Registration due: Aug 4th

Please send your registration form
and camp payment to:

Creekside Intermediate School

Attn: Angie Scott

2615 Baker Road

Dexter, MI 48130

Checks payable to:

Dexter Volleyball

Questions contact:

scotta@dexterschools.org