

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**

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For incoming 6th-8th graders

Max 40 campers per session

Session 1: June 24-27

Times: 9am-11am

Location: Creekside Gym

Cost: \$100 per camper

Registration due: June 3th

Session 2: August 12-15

Times: 9am-11am

Location: Creekside Gym

Cost: \$100 per camper

Registration due: July 29th

Please send your registration form  
and camp payment to:

Creekside Intermediate School

Attn: Angie Scott

2615 Baker Road

Dexter, MI 48130

Checks payable to:

All American Volleyball Camps

Questions contact:

scotta@dexterschools.org