



# Camper Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Shirt size (adult): \_\_\_\_\_ Camper Email: \_\_\_\_\_  
 Insurance \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

**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

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All American Volleyball Camp

*Incoming 9th-12th Graders*

make checks payable to:

**Morgan Township High School**

Camp Date: 7/11/2019-7/13/2019

Location: Morgan Township High School

Cost: \$163 per camper

Times: 9-11:30 & 12:30-3

Send registration and \$50 non-refundable camp deposit to:

Morgan Township High School  
Attn: Amy Bolen  
299 S Street Road 49  
Valparaiso, IN 46383

Deposit Due: 4/20/19

Balance Due: 5/20/19

Coach's Email:

amybolen@comcast.net

Coach Phone: (219) 405-5257

