

2020 MMS Volleyball Camp

July 13-15 at MMS Main Gym (8:30 a.m.-10:00)

NAME _____ GRADE 2020-2021 _____ Adult Shirt Size _____

Parent/Guardian Name _____

Address _____ Email Address _____

City, State _____ Zip _____

Phone Number (home) _____ (work) _____ (cell) _____

Emergency Contact _____ and phone number _____

Camp will be \$40-make checks payable to Cindy Wasinger or send cash. Please send the completed form and check (to Cindy Wasinger) by Thursday, June 25, 2020. No late forms will be accepted as shirts are ordered Friday, June 26. Shirts will be handed out the first day of camp.

Medical Release: All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and the form signed by a parent/guardian of the camper.

Insurance Company _____ Policy Number _____

PARENT/GUARDIAN—Please read and sign:

The undersigned, being a parent or legal guardian of the child requesting camp admittance, am familiar with the risks inherent in participation in the 2020 MMS Volleyball Camp. In case the parent/guardian or emergency contact cannot be reached, I hereby authorize the coaches of the camp to act according to their best judgment in an emergency requiring medical attention. I also hereby waive and release the camp staff and USD 263 from any liability for any injuries while at camp.

Signature (parent/guardian) _____ Date _____

Please write camp dates and times on your calendar as a reminder of when it is. Please send checks (to Cindy Wasinger) and the form to 236 Centennial in Mulvane. Thanks!