

PENN YOUTH VOLLEYBALL CAMP 2017

Dates: July 17th – 20th M-TH

Location: Penn High School Arena/ West Balcony/Auxiliary gym

TIME	GRADE 2016-2017 SCHOOL YEAR	COST
12:00-1:00 PM	K-1	\$50.00
1:00-2:00 PM	2-4	\$50.00
2:00-3:30 PM	5-6	\$60.00
3:30-5:30 PM	7-8	\$60.00

Participant's Name: _____ Grade: _____ (16-17 school year)

T-Shirt Size (Please circle): Youth: S M L XL Adult: S M L XL

Parent or Guardian: _____

Address: _____

City: _____ St: . _____ Zip: _____

Home Phone: _____ Cell: _____

Email _____

PLEASE SEND WAIVER, APPLICATION AND FEES TO:

Penn High School Volleyball Coach
Att: Sarah Hendricks
56100 Bittersweet Road
Mishawaka, IN 46545



*Please make checks payable to Penn Volleyball or Sarah Hendricks

WAIVER

I hereby waive, release and forever discharge the Penn-Harris-Madison School Corporation and the Penn High School Volleyball Camp, including its' staff or volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this camp. If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate hospitalization to cover such injuries that may occur during the Penn Volleyball Camp.

Signature of Parent/Guardian: _____ Date: _____

Emergency Information: In case a parent/guardian cannot be reached, please contact this person:

Name: _____ Phone Number: _____ Relationship _____