



Youth Volleyball Camp Registration 2010

July 5,6,7,8 9 am-12 noon

Name _____

Address _____

Email _____

Phone _____

Age _____



Make checks payable to Bishop Kelly Volleyball Cost \$85.00

I hereby authorize Bishop Kelly and the Camp Staff to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Bishop Kelly Youth camps from any and all liability stemming from any injuries or illness incurred while at camp. I agree to be responsible for all hospital and doctor bills and any other expenses incurred while assisting and protecting my son or daughter.

Health Insurance Company _____

Policy # _____

Emergency contact name and phone number

Signature of parent or legal guardian
