

NEWLHS 2011 Volleyball Camp(s)

Registration Form

1. Athlete's name: _____

2. Parent's Name(s): _____

3. E-mail: _____

4. Address: _____

5. City: _____

6. State/Zip: _____

7. Home Phone:(_____) _____

8. School(11-12): _____

9. Grade: (11-12) _____

10. Please Circle all that apply:

Sparks Camp - August 17-19 - 9:30-11:30am - \$30 grades=1-4

All Skills – July 11-14 - 8-11:30am - \$50 grades=5-9

All Skills – July 11-14 - 12:30-4pm - \$50 grades=5-9

All Skills – July 18-21 - 8-11:30am - \$50 grades=5-9

O & D Camp – July 18-21 - 12:30-4pm - \$50 grades 8-9

Coach's Signature (for O&D Campers only)

11. T-shirt size (Adult sizes--Please circle one) **Kiddie Camp excluded**

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12. **Picture Release:**

I release rights to my camper's picture/image while at camp to be published on the camp web page, local newspaper, &/or school newsletter without any name identity.

Parent's Signature:

13. Permission to Treat Form

I authorize camp and/or school personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while s/he is involved in the NEWLHS Volleyball camp. Further I authorize the PHYSICIAN and HOSPITAL STAFF to treat my son/daughter, as they deem necessary in the emergency situation.

Parent/Guardian Signature:

Date: _____

Insurance Carrier:

Policy #: _____

Known Allergies: _____

Medical Conditions and/or Medications

Father's Full Name: _____

Father's emergency phone: _____

Mother's Full Name: _____

Mother's emergency phone: _____

Family Doctor's phone: _____

Family Dentist's phone: _____

14. **Thank you for registering!**

Please send this page with fee to (please make checks payable to NEWLHS Volleyball Camp):

**NEW LHS VOLLEYBALL CAMP
1311 S. Robinson Ave.
Green Bay, WI 54311**

Confirmation will be emailed. I look forward to seeing you at camp. God bless!

Coach Steinhaus