

2010 Waynesville Middle School SUMMER Volleyball Camp
CAMP REGISTRATION/WAIVER FORM

Please complete this form and return it, along with the \$30 camp fee (made payable to *Waynesville Athletics*) to Wayne Local Schools

Athlete's Name _____ Grade (2010-2011) _____

Home Address _____

Home Phone Number _____ Parent's email address _____

Cell Number _____

T-shirt size (circle one) **Youth** S M L **Adult** S M L XL

Any recent allergies/injuries/serious illness (asthma, tendonitis, etc)? _____
If yes, please explain. _____

Current medications (prescription, Advil, inhaler, etc) _____

Does your child wear any protective equipment (knee brace, etc)? If yes, please explain.

Who should we call if we need to contact someone while your daughter is at the camp?

Name _____ Relationship _____

Home number _____ Cell phone _____

Additional Emergency Contacts:

Name _____ Relationship _____

Phone Number _____ Cell Phone (if applicable) _____

Name _____ Relationship _____

Phone Number _____ Cell Phone (if applicable) _____

Family Doctor _____ Number _____

Preferred Hospital _____

By signing below, I am granting permission for my child to participate in the Waynesville Middle School Volleyball Camp. I am also hereby releasing the Wayne-Local School District and all members of the camp coaching staff from any liability regarding injuries or illness sustained by my child at camp.

Parent/Guardian Signature Date