

Tri-State Championship Volleyball Camp Registration

Applicant's Name _____ First _____ Last _____ Middle _____

Address _____ Street _____ City _____ State _____ Zip _____

Home Phone _____ School _____ T-Shirt Size (S M L XL XXL)
Adult Sizes

Age _____ Grade in September, 2009 _____ Position(s) _____
Parent's Name _____ Parent's Work Phone _____

Coaches Name _____ Coaches Phone _____

Parental Release

I hereby authorize the staff of the Tri-State Championship Volleyball Camp to act for me according to its best judgment in any emergency requiring medical attention and I hereby waive and release the camp personnel and Mediapolis High School from any and all liability for illness the camper may incur while at camp. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the camp program as outlined in the brochure.

Parent's Signature _____ Date _____

Mail registration and camp fee payable to: Dennis Jandrey, Mediapolis Volleyball Coach, 202 N. Harrison, Mt. Pleasant, IA 52641

