

**TRI-STATE CHAMPIONSHIP VOLLEYBALL CAMP REGISTRATION**

Applicant's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

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

Age \_\_\_\_\_ Grade in September, 2005 \_\_\_\_\_ 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 judgement 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

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