

DAY CAMP REGISTRATION

2008 "YES, I CAN!" VOLLEYBALL CAMP - July 22-25
Rosehill Christian School Gym
(go to www.yesicansports.com for more information on the camp)

CAMP FEE: \$150.00

Jr. High – 8am-12pm

High School – 1pm – 5pm

Make Check Payable to: Rosehill Christian School
Submit Registration To: Sandy Whittaker in the Athletic Office

"YES, I CAN!" VOLLEYBALL OVERNIGHT CAMP REGISTRATION FORM:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ EMERGENCY PHONE: (_____) _____

EMAIL: _____ GRADE (AS OF 9/08): _____ SEX _____

YEARS OF SCHOOL PLAYING EXPERIENCE: _____

YEARS OF J.O./CLUB/PLAYING EXPERIENCE: _____

SCHOOL: _____ RESIDENT/COMMUTER: _____

ADULT T-SHIRT SIZE: S M L XL

AMOUNT ENCLOSED: _____

EMERGENCY RELEASE WAIVER:

I AUTHORIZE THE STAFF OF THE "YES, I CAN!" VOLLEYBALL CAMP TO ACT ACCORDINGLY TO THEIR BEST JUDGEEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION AND I WAIVE AND RELEASE THE CAMP FROM ANY AND ALL LIABILITY FOR ANY INJURIES OR ILLNESS INCURRED WHILE AT THE CAMP. I HAVE NO KNOWLEDGE OF ANY PHYSICAL IMPAIRMENT THAT WOULD BE AFFECTED BY THE ABOVE NAMED CAMPER'S PARTICIPATION IN CAMP. I ALSO GIVE PERMISSION TO THE LICENSED PHYSICIAN SELECTED BY THE CAMP STAFF TO HOSPITALIZE OR TO SECURE PROPER TREATMENT, ANESTHESIA OR SURGERY FOR MY CHILD IN AN EMERGENCY.

PARENT/GUARDIAN SIGNATURE: _____

DOES YOUR CHILD HAVE ANY ONGOING MEDICAL PROBLEMS THAT THEY ARE UNDER TREATMENT FOR (I.E. ASTHMA MEDICATION)?

NO _____ **YES** _____

IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION WITH REGISTRATION

