

2022 VOLLEYBALL SUMMER CAMP



Name _____ 2022-23 Grade _____
School _____ T-Shirt Size: YS YM YL XS S M L XL
Street Address _____ City _____ Zip _____
Mother's Name / Phone / Email _____

Father's Name / Phone / Email _____

Emergency Contact & Phone (different from above, please) _____

In consideration of accepting this application and for permitting the athlete to participate in activities organized by Vista Grande HS Girls' Volleyball , the athlete and parents/guardians acknowledge that such activities expose the athlete to the risk of injury. Athletes and parent/guardian do hereby release, discharge, hold harmless and agree not to sue or seek recovery from Vista Grande HS, from any such claim arising from injury of the athlete from such activity. This release includes, but not limited to, the 2022 Vista Grande High School Volleyball Summer Camps.

Player's Signature _____

Date _____

Parent/Guardian signature _____

Date _____

**Email early registration forms to: atelianosio@gmail.com,
Attn: Coach Tui/Camp,
Registration Forms must be signed prior to attending
Payment will be accepted at the camp.**