

Participant Information and Medical Release:

Name of Camper _____

Name of Parents/Guardians _____

Address _____

City _____ State _____ Zip _____

Birthdate _____

Grade entering in the fall of 2019 _____

Amount enclosed \$ _____

Home Phone: _____

Cell Phone: _____

Other Contact (Email): _____

Shirt Size- Circle: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

Other: _____

Waiver and Release: In and for the consideration for my daughter's participation in Bluffton's volleyball camp, I hereby agree and promise that I will not hold Bluffton's volleyball camp or its employees responsible for any loss, damage, or personal injury that she may receive as a result of participation. This waiver of liability expressly includes transportation to and/or from, or in connection with said camp. I authorize the camp directors to act in any emergency requiring medical attention for which I agree to pay. My daughter is physically fit to participate in all activities.

Parent or Guardian Signature

Date