

**St. Alphonsus Girl's Volleyball Camp- 2017**  
**June 20<sup>th</sup> - June 22<sup>nd</sup>**

Athlete's Name: \_\_\_\_\_ Grade : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Release:**

\_\_\_\_\_ has my permission to participate in camp at St. Alphonsus. I understand that my personal insurance relieves the schools and coaches from financial responsibility resulting from injury. My child is in good physical condition and does not have any health problems that will prevent him from participating in this camp. With the understanding that my child will be responsibly supervised, I agree that I will not hold the coaches, St. Alphonsus School and its administration, nor any other teachers or chaperones responsible for events or situations beyond their control. I understand that my child will be expected to exhibit acceptable behavior and that all the rules and regulations of the St. Alphonsus School Student Handbook will be enforced.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

***\*Forms and payments can be sent to school or turned in the first day of camp. Checks made payable to SAS.***