

2015 RAYMOND CENTRAL VOLLEYBALL CAMP

CAMP ATTENDING(circle): ELEMENTARY MIDDLE SCHOOL HIGH SCHOOL

DATES OF CAMPS: MONDAY, JUNE 29TH AND TUESDAY, JUNE 30TH

TIMES: Elementary 8am-10am, Middle School 10am-NOON, High School 130pm-4pm

Registration Information...(please print)

FEE: \$25

Name: _____ Grade FALL OF 2015: _____
Email: _____ School: _____
Phone(home) _____ (cell) _____
Guardians: _____

T-shirt size(circle): YL S M L XL

RAYMOND CENTRAL Camp Release...

I, the undersigned, as the parent or legal guardian of player: _____

is covered by medical insurance as follows: Company: _____

Policy Number: _____ . It is further understood that the

RAYMOND CENTRAL VOLLEYBALL TEAM , the facility, their coaches and staff do not provide any medical insurance for this camp. The undersigned hereby releases RAYMOND CENTRAL, the facility, their coaches and staff from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation by the aforementioned child in this Camp.

Signed: _____ Date: _____

PLEASE RETURN FORM AND PAYMENT TO:

RAYMOND CENTRAL HIGH SCHOOL
ATTN: VOLLEYBALL
1800 West Agnew Road
Raymond, NE 68428