

# Volleyball Camp Registration Form

August 7th-9th 2:00pm - 4:00  
August 10th 10am-12pm

Camper Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ T-Shirt Size: YL S M L XL

By signing this application I hereby release camp instructors, CR-B Schools and all their employees from claims on account of any injuries that may be sustained by my child while attending camp. Also, by signing I certify that my child is medically fit to participate in this camp to its full extent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return payment of \$15 and form by August 4th to the CR-B schools, Coach Baker or mail to CR-B Schools %Volleyball PO Box 297 Coon Rapids, IA 50058.**

