

# 2018 TRI-WEST VOLLEYBALL CAMP

## WHEN

Monday-Thursday

July 23-26

4:30-6pm

## WHO

3RD-8TH GRADERS (2018-19 SCHOOL YEAR)

## COST

\$50

## WHERE

Tri-West High School

Main and Aux Gym

Enter Door 8

CAMP DIRECTORS: **Tri-West HS Volleyball Coaches**

Camp Counselors: **Tri-West High School Volleyball Players**

## REGISTRATION FORM

Name:

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Address:

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Phone:

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Grade (2018-19)

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Age

Mail payment (\$50) to :

**TWHS**

**7883 N. St. Rd. 39 Lizton**

**IN 46149 by July 15,**

**2018**

I hereby give consent for my child to participate in Tri-West Volleyball Camp. I agree that any personnel associated with the camp will not be held liable for injury sustained while at camp. In the event of injury, I authorize the staff to act in the best interest of my child and to obtain any medical help needed. I do understand that I am fully responsible for all financial obligations. Furthermore, I do state that my child does have medical insurance in case of such emergency.

Signature \_\_\_\_\_

Date \_\_\_\_\_