

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:

Address:

Phone:

Grade (2018-19)

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 _____