



# Camper Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Shirt size (adult): \_\_\_\_\_ Camper Email: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Release Information:**

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

All American Volleyball Camp  
*Incoming 9th-12th Graders*

make checks payable to:

**Vernon High School Volleyball**

Camp Date: 6/14/2021-6/16/2021

Location: Vernon High School

Cost: \$165 Per Camper

Times: 9-11:30 & 12:30-3

Send \$50 non-refundable\*  
deposit and registration to:

Vernon High School  
 Attn: Monica Hood  
 3232 Moss Hill Road  
 Vernon, FL, 32462

Deposit Due: 4/15/21

Balance Due: 5/15/21

Coach: monica.hood@wcsdschools.com

*\*All American will return camp deposits to schools that must cancel due to COVID.\**