



2017 Grizz Volleyball Camp

GRADES: 7th, 8th and 9th
August 7th, 8th and 9th
9:00 AM – 12:00 PM
Ashland High School Gym
COST: \$50.00 per participant

PARTICIPANTS NAME: _____

AGE: _____ BIRTHDATE: _____ SHIRT SIZE: _____

ADDRESS: _____ EMAIL: _____

PHONE #: _____ PARENT(S) WORK #: _____

PARENT(S) NAME(S): _____

I hereby authorize my child's participation in the 2017 Grizzly Volleyball Camp Program. I know of no mental or physical problems that may affect my child's ability to safely participate for the duration of the camp. The camp staff is authorized to attend to any health problem or injury that may occur while participating at camp. I understand that this is an athletic camp and that injuries can occur. Neither I, nor my child will hold Ashland High School, or the Grizzly Coaching Staff liable for any injuries or expenses relating to injuries while participating in the volleyball camp program.

Signature of Parent or Guardian/Date

Signature of Athlete/Date

Please preregister to receive camp t-shirt

Please make checks payable to Ashland High Volleyball

Submit form in person or Send form and payment to: Ashland High School, c/o Laura Morse.

201 South Mountain Ave., Ashland, OR 97520
Grizzlyvolleyball2016@gmail.com