

My child has permission to attend the Dominion Christian Volleyball Camp. Enclosed is \$100 payable to Dominion Christian Schools. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the Dominion Christian Volleyball Camp. In the event of an emergency in which my child requires medical care, I authorize the staff of Dominion Christian Volleyball Camp to act for me to obtain for my child whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with my child's attendance at the Dominion Christian Volleyball Camp. I acknowledge that at the Dominion Christian Volleyball Camp my child may risk injury. I specifically release the Dominion Christian Volleyball Camp, its owners and staff, as well as Dominion Christian Schools from liability for any claim of damages which I or my child may have for injuries or illness that she may sustain at the Dominion Christian Volleyball Camp.

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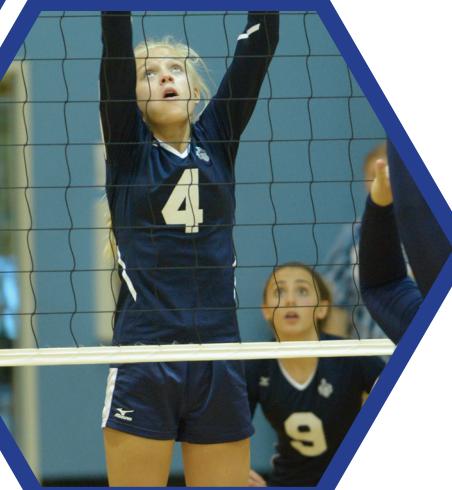
Parent Signature



4607 Burnt Hickory Rd  
Marietta, GA 30064  
770-420-2153



Dominion Christian Schools  
June 19-22, 2017



## Details

Coach Nancy Raines, DCS MS Volleyball

Time: 9:00-12:00 for grades 5th-8th  
(Entering the fall)

When? June 19th-22nd

Where? Dominion Christian Schools' Gym

Cost? \$100

Who? Anyone interested in improving her volleyball skills

What? An exciting week of volleyball including skill development and fundamentals.

## Registration Information:

Please complete the registration section and turn it in to the school office by May 26th.

Please make checks payable to Dominion Christian Schools. Otherwise, please mail registration forms and checks to:

**Dominion Christian Schools**  
**Attn: Nancy Raines**  
**4607 Burnt Hickory Road**  
**Marietta, GA. 30064**



## Registration

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in fall 2017: \_\_\_\_\_

T-Shirt: YL S M L XL XXL

Address: \_\_\_\_\_

\_\_\_\_\_

## Parent's Information

Name(s): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Emergency Information

Contact Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone: \_\_\_\_\_