

Centennial H.S. Volleyball

Invites all Rising 6th – 8th Graders to the

Jr Knights Volleyball Summer Camp



When: Monday July 17th–Wednesday July 19th

Time: 9:30 am – 1:30 pm

Location: Centennial High School Main Gym

Cost 3 days for only \$130

Mini-Camper will receive:

- ◆ Centennial Volleyball t-shirt
- ◆ Certificate of participation
- ◆ Ticket to Varsity Volleyball match to be recognized as a Jr. Knight Volleyball player

Please pack daily:

- ◆ Knee Pads
- ◆ Bagged Lunch/Snack
- ◆ Water or other non-carbonated drink

(Please PRINT Neatly)

Name of Camper: _____ Parent's/Legal Guardian's: _____

Address: _____ City: _____

Zip Code: _____ E-Mail: _____

*All communication concerning camp will be via e-mail. Please print clearly

Age: _____ Grade (Fall '17) _____

Emergency Contact:

Name _____ Cell # _____

T-Shirt Size (check size): YM(10-12) ____ YL(14-16) ____ AS ____ AM ____ AL ____ XL ____

Centennial Volleyball player who referred you: _____

Does your camper have any volleyball experience. Yes No If yes explain :

Pick Up, Drop Off :

Drop off will occurs at the back side of the school outside the gym across from the Fortress. Drop off time starts 15 minutes before the start time of camp. If you arrive after camp starts you will need to walk your child into the gym.

Pick up will begin on time and end 15 minutes after end time. If you come into the gym while the camp is still going please stay up on the track. We will bring the girls upstairs when we are finished with the days activities.

Early pick up is discouraged but we understand if you need to pick your child up early for an appointment. Please send in a note if you need to pick up your child early.

Register Begins May 1st, Reserve Your Spot! \$130



Checks payable to:
CHS Volleyball

Send Form and Check To:

CHS Volleyball Club
Attn: Lori Standard
8705 River Bluff Lane, Roswell, GA. 30076
Lori Standard (404) 408-4783 cell
loristandard@yahoo.com

Waiver of Liability - I hereby give consent for my child, _____ to attend Centennial High School's Volleyball Skills Camp from July 17th - 19th 2017. If I cannot be reached in the event of an emergency, I hereby give consent for Centennial High School to obtain, through a physician or hospital of choice, such medical care that is reasonably necessary for the welfare of my child should any injury occur during the mini-camp.

Allergies _____

Details of any health concerns should be provided on a separate sheet and attached to this registration. By signing this form I hereby do not hold Centennial High School or any of it's players or coaches liable for any injuries that may occur during this event.

NOTE: The above named participant shall not be permitted to attend the mini-camp until Centennial High School has details of insurance by participants parents/legal guardian:

Insurance Company: _____

Policy and Group Numbers

Parent/Guardian Signature

(Please attach a Copy of your insurance card)

I give permission for images of my child to be used in Centennial High School Volleyball promotional publications and on the CHS website. (initial on the line) Yes—Please initial here: _____ No— Please initial here: _____