***Dynamite Volleyball Camp***

**@ Dickson Middle School**

**Saturday, January 14, 2017**

***131, 141, & 142: 8-10 am; 12:30-2:30 pm, 4:30-6:30 pm***

***151, 161, 162, &181: 10-12 pm, 2:30-4:30 pm, 6:30-8:30 pm***

**Player will not be permitted to participate without returning this form completely filled out.**

**During non-camp time, your coach will let you know what you will be doing.**

(detach here) ---------------------------------------------------------------------------------------------------------------------------

 ***Dynamite Volleyball Camp @ Dickson Middle School, January 14, 2017***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult T Shirt Size (circle one) XL L M S

**WAIVER**

**(Must be completed by parent/guardian)**

In the event that my daughter is injured or becomes ill while attending the 2017 Dickson Dynamite Volleyball Camp, I give my permission for the staff to seek medical attention if deemed necessary under the existing conditions. I release the coaching staff from any claims from injuries sustained during the camp. I also certify that my daughter is in good physical health and that she will notify the staff of any conditions that may inhibit her ability to participate in any camp activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent or legal guardian signature date emergency contact name & phone number**