DVC

Paradise Coast Volleyball Camp

With Coach Jeff

Sat, Jan 9th

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##### Paradise Coast Volleyball Camp @ Dickson Middle School

###### Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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.

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Parent or legal guardian signature date

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emergency contact name phone number