



Volleyball Camp 2011



Session I: Grades 5&6
June 20-23
8:30-11:30am

Session II: Grades 7 & 8
June 20-23
1:00-4:30pm

Register online at
<http://www.astepaheadcamps.com>

Or

Mail Registration Form with Check
payable to:
A Step Ahead Camps
1851 Quincy
Salina, KS 67401

Fee: \$55.00

For more information on "A Step Ahead Camps" contact
Chris Clark at 827-7552
email: cjclark@cox.net
or visit our website: www.astepaheadcamps.com

REGISTRATION FORM (VOLLEYBALL CAMP)

Name of Participant: _____

Address: _____

Home Phone: _____ Email: _____

Grade Entering 2011-12 _____

Name & Phone of person to contact in event of emergency: _____

Special instructions (medical problems/needs) that instructors should be aware of: _____

_____ **Session I: June 20-23 8:30-11:30am**

_____ **Session II: Grades 7 & 8 June 20-23 1:00-4:30pm**

Fee: \$55.00 (Make checks payable to **A Step Ahead Camps**)

Circle Shirt Size: YM YL AS AM AL AXL

PARENT/GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION

TO WHOM IT MAY CONCERN: In the event that the above named participant is taken to emergency room or medical care facility and in need of treatment in my absence from attendance at A Step Ahead Camp, the camp staff has my consent to authorize treatment for this participant by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the undersigned, do hereby acknowledge that I have given the above named participant my permission to participate in A Step Ahead Volleyball Camp with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the camp staff and all of their representatives free from liability for any injury, harm or complication resulting from said participation in this activity. Furthermore I do understand that accidents insurance is not provided by the A Step Ahead Volleyball, and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above named participant while participating in this activity.

Date: _____ **Relationship:** _____

Signature: _____