

Summer Volleyball Camps

Parent/Guardian Form

To guarantee we order the correct number of t-shirt sizes - please register by Friday June 9th.

To whom it may concern, I realize this camp is not a school-related activity and I, as a parent or guardian, release the camp marked above, its staff, and others in the association, from any liability, damage, or injury that may occur to _____ (name) through the duration of the camp between the hours stated for the specific camp. I, being the parent or guardian of the above named student, do hereby agree to permit the said student to engage in the specific chosen camp. Further, the undersigned does hereby permit authorized camp coaches or staff to act in my absence to authorize members of the medical profession to treat injuries incurred during the duration of the camp. I further stipulate I shall assume all required medical payments and have insurance to cover injuries that may occur during this camp.

Participant's Name: _____

Address: _____ City/State/Zip: _____

Graduation Year: _____

Parent/Guardian Name: _____

Emergency Phone: _____

Advanced Camp: June 26-29
9th-12th Grade Session (\$100)
8:00-11:00 AM

Intermediate Camp: June 26-29
6th-8th Grade Session (\$80)
12:00-3:00 PM

Shirt size: (circle one) YS YM YL AS AM AL AXL

Please return form to:
Stevan Waddell
1801 College Drive N.
Devils Lake, ND 58301-1598
or email stevan.waddell@lrsc.edu

Signature: _____

(parent or guardian of participant)

Date: _____

