2nd Annual

SALT RIVER COMMUNITY

VOLLEYBALL CAMP

July 29-30

Session I - Elementary

9AM - 11AM

Session 2 - Jr. & Sr. High

1PM - 4PM

Open to ALL Youth

(Girls Only)

Cost: Free

Each Camper will get a T-Shirt

Questions Please Call: Shawn Lytle (480) 747-1015

Pele Baker (480) 266-2315

Registration Form

Name:_____ Parent's Name: _____

Mailing Adress:_____

Home Phone:_____ Parent's Work Phone:_____ Date of Birth:_____

Shirt Size: Child S M L XL Adult S M L XL XXL School:_____ Grade:_____

Session (check one)

___ Session I ___ Session 2

Liability Release Form

I, the legal guardian of _____, am aware that participation in sport activities is a potentially hazardous activity. I assume all risks associated with participation in camp. I understand that I, or my insurance company, is solely responsible for all bills and claims that may be filed as result of an injury. Further, I authorize the supervisory coaching staff to provide emergency treatment of an injury or illness of my child if qualified medical personnel consider treatment necessary. This is only after a responsible effort has been made to reach me. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against the Salt Rive Community Volleyball Camp or the Salt River Indian Community as a result of any injury sustained to my child or for any other reason during the basketball camp. I also give permission for the participant to be photographed and/or videotaped during the camp to be used in the future for publicity purposes.

_____

Signature of Parent Date

Please supply Health Service card number or any other health insurance name and ID numbers for our files Emergency Contact:

Name:_____ Phone:_____