



755 South Price Road, St. Louis, Missouri 63124-1866

**VOLLEYBALL CAMP REGISTRATION FORM**

Athlete's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Grade (fall of 2016) \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**High School Camps: (Grades 9-12) 4:00pm-6:00pm each day**

Monday, June 13<sup>th</sup> - Thursday, June 16<sup>th</sup> (\$120): \_\_\_\_\_

Monday, July 18<sup>th</sup> - Thursday, July 21<sup>st</sup> (\$120): \_\_\_\_\_

**Middle School Camps: 4:00pm-6:00pm each day**

July 18<sup>th</sup>-20<sup>th</sup>: 4<sup>th</sup>-6<sup>th</sup> Grade (\$75) \_\_\_\_\_ July 18<sup>th</sup>-20<sup>th</sup>: 7<sup>th</sup>-8<sup>th</sup> Grade (\$75) \_\_\_\_\_

**\*\*Please send registration form and check (make check payable to John Burroughs School) to Hollie Cosentino: 755 South Price Road, St. Louis, MO 63124.**

We (I), hereby request that you accept the application for enrollment of \_\_\_\_\_ in the JBS volleyball camp during the dates set forth in this application. We (I) hereby release, John Burroughs School and employees, from all claims as a result of any injuries, which may be sustained by my child while attending the JBS volleyball camp. We (I) hold JBS blameless for any claims, which may hereafter be presented by my child as a result of any such injuries.

We (I) authorize the employees of John Burroughs Volleyball Camp to act for me using their best judgment in any situation requiring medical attention. We (I) know of no physical conditions, which might affect my child's ability to safely participate in the camp.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_