Middle School
Summer Volleyball Camp Registration 2016

All fees and a completed Registration Form are due before the start of camp.

Participant Information

Student's Name: _____Grade:___

Email address:_____ Cell phone:_____

Parent/Guardian #1 Name: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

Parent/Guardian #1 Email Address:_____

Parent/Guardian #2 Name:_____

Home Phone:_____ Work phone: _____ Cell phone: _____

Parent/Guardian #2 Email Address:_____

IN CASE OF EMERGENCY

Emergency Contact #1

Name _____

Home Phone:_____

Work phone: _____

Cell phone: _____

Emergency Contact #2

Name _____

Home Phone:_____

Work phone: _____

Cell phone: _____

FEES

Registrations are $100 for 1 week; $165 for 2 weeks, or $30 daily rate. 9:00-noon.

Check which session(s) you will attend:

One week only: $100
___**Week 1:** June 20-24
___**Week 2:** June 27-July 1

___ **Both weeks: $165**

___ **Days (indicate number of days at $30/day)**
Please write the dates your child will attend:
_____

WAIVER

Permission & Waiver of Liability & Authorization for Emergency Care

I hereby give my consent for the above named student to participate in Summer Volleyball Camp. I also agree to reimburse The Denver Waldorf School for equipment issued to my child should it become lost. I understand The Denver Waldorf School cannot accept responsibility for personal items lost or stolen.
I authorize the Athletic Director, Coach, or Sponsor in attendance at any DWS sports activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I am not in attendance at such event. I hereby release said school official from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

_____ (Parent/Guardian signature) _____ (Date)

For Office Use Only: Amount Paid _____ ☐Cash ☐ Check # _____ Received by _____ Date: _____