

2010 Sacred Heart Volleyball Camp

Registration form for 6th-8th graders

When = 5-6 August, Thursday-Friday from 9:00-3:00pm

Location = Sacred Heart School Gym

*Fill out the information below. One form per camper.

Please email Coach Paz at adrianna.paz@us.army.mil or Mrs.Poetz at cpoetz@shconroe.org with any questions.

Name _____ **Grade** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Emergency Contact Name _____

Relation to child _____

Emergency Contact's Phone Numbers _____

Does your child have any special health conditions or limitations? If yes, please explain:

I hereby state that the child named above is physically fit to participate in the camp listed above and that neither Sacred Heart school nor its staff will be held liable, now or later, for injuries that result directly or indirectly from camp activities.

Parent/Guardian Signature Date