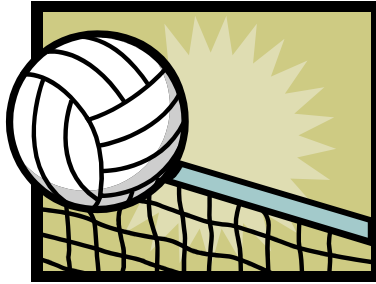


LADY VIKINGS VOLLEYBALL CAMP



Amboy Junior High School Gymnasium

August 12th, 15th & 16th, 2011

7th Grade: 8:00-11:30am (12th & 15th) & 3:30-4:30pm (16th)

8th Grade: 12:00-3:30pm (12th & 15th) & 4:30-5:30pm (16th)

Registration fees: \$35.00

(Includes: Volleyball Camp T-shirt, Participation Certificates & Awards)

Return the bottom portion by August 3rd along with a check or money order payable to:

Suzanne Boyer

403 E. Main Street

Amboy, Illinois 61310

Volleyball Camp forms may be brought to School Registration on August 3rd. Fees paid by the August 3rd will be guaranteed a T-Shirt at the beginning of camp. Entries will be accepted after August 3rd though T-shirt delivery will be delayed. Late Registrations can be brought with payment the first day of camp.

If you have any questions please contact a coach below:

Suzanne Boyer (Coach)

815-670-2247

(Please Print)

Name: _____

Address: _____

Phone Number: _____

Age: _____

Grade (2011-2012 School Year) 7th 8th (Circle Grade)

Shirt Size: Small _____ Medium _____ Large _____ Xlarge _____

(T-Shirts are Adult Sizes)

Emergency Contact Name: _____ Ph#: _____

I certify that my daughters, _____ is in good health and able to participate in all summer camp activities, and that she is covered by an existing insurance policy in case of accident or injury. In the event that the above named student should require treatment and reasonable attempts to contact me have been unsuccessful, I give consent for emergency medical treatment deemed necessary by a licensed physician.

I hereby release the camp director, instructors, Amboy Community Unit District #272 Public Schools, and anyone connected with the camp from any responsibility for medical, dental, or other expenses incurred as a result of the injuries while attending or participating in the camp.

Parent or guardian signature: _____ Physician's Name: _____